

174
Norplex/Oak Inc.
NE County Road
P.O. Box 370
Postville, Iowa 52162
Telephone 319-864-7321
TWX 319-864-7320

June 20, 1990

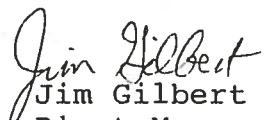
EPCRA Reporting Center
PO Box 23779
Washington, DC 20026-3779

Dear Sirs:

Attached are the completed SARA III Reporting
Forms for the Norplex Oak Facility in Postville,
Iowa.

If you have any questions or comments please do
not hesitate to call either Tom Sattler or my-
self at our facility.

Sincerely,


Jim Gilbert
Plant Manager

JG:sh

cc: Region 7 Office
Jim Taylor - Des Moines
Mike Heth - LaCrosse

RECEIVED
JUL 25 1990
IOWA SECTION

1061

R00330186
RCRA RECORDS CENTER



U.S. Environmental Protection Agency

TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM

Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986, also known as Title III of the Superfund Amendments and Reauthorization Act

EPA FORM
RPART I.
FACILITY
IDENTIFICATION
INFORMATION

(This space for your optional use.)

Phenol

Public reporting burden for this collection of information is estimated to vary from 30 to 34 hours per response, with an average of 32 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Chief, Information Policy Branch (PM-223), US EPA, 401 M St., SW, Washington, D.C. 20460 Attn: TRI Burden and to the Office of Information and Regulatory Affairs, Office of Management and Budget Paperwork Reduction Project (2070-0093), Washington, D.C. 20503.

1.	1.1 Are you claiming the chemical identity on page 3 trade secret? [] Yes (Answer question 1.2; Attach substantiation forms.) [X] No (Do not answer 1.2; Go to question 1.3.)	1.2 If "Yes" in 1.1, is this copy: [] Sanitized [] Unsanitized	1.3 Reporting Year 19 <u>89</u>
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2. CERTIFICATION (Read and sign after completing all sections.)
I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official

James Gilbert Plant Manager

Signature

James Gilbert

Date signed

6-11-90

3. FACILITY IDENTIFICATION

3.1	Facility or Establishment Name		
	St	52162NRPLXMECOL NORFLEX DAK NE COUNTY RD. POSTVILLE IA	52162
	St		
	TRI Facility Identification Number		

WHERE TO SEND COMPLETED FORMS:

1. EPCRA REPORTING CENTER
P.O. BOX 23779
WASHINGTON, DC 20026-3779
ATTN: TOXIC CHEMICAL RELEASE INVENTORY
2. APPROPRIATE STATE OFFICE (See Instructions in Appendix G)

3.2	This report contains information for (Check only one): a. [X] An entire facility b. [] Part of a facility.					
3.3	Technical Contact Thomas R. Sattler, Jr.				Telephone Number (Include area code) (319) 864-7321	
3.4	Public Contact James Gilbert				Telephone Number (Include area code) (319) 864-7321	
3.5	SIC Code (4 digit) a. 3079	b.	c.	d.	e.	f.
3.6	Latitude Degrees Minutes Seconds 43 05 02			Longitude Degrees Minutes Seconds 91 33 13		
3.7	Dun & Bradstreet Number(s) a. 07-348-9288				b. 13-063-4082	
3.8	EPA Identification Number(s) (RCRA I.D. No.) a. IAD073489288				b.	
3.9	NPDES Permit Number(s) a. 60375101				b.	
3.10	Receiving Streams or Water Bodies (enter one name per box) a. Dry Run to Roberts Creek				b.	
	c.				d.	
	e.				f.	
3.11	Underground Injection Well Code (UIC) Identification Number(s) a. NA				b.	

4. PARENT COMPANY INFORMATION

4.1	Name of Parent Company Allied Signal	4.2	Parent Company's Dun & Bradstreet Number 13-969-1877
-----	---	-----	---



EPA FORM R

PART II. OFF-SITE LOCATIONS TO WHICH TOXIC CHEMICALS ARE TRANSFERRED IN WASTES

This space for your optional use.)

Phenol

1. PUBLICLY OWNED TREATMENT WORKS (POTWs)

1.1 POTW name NA		1.2 POTW name	
Street Address		Street Address	
City	County	City	County
State	Zip	State	Zip

2. OTHER OFF-SITE LOCATIONS (DO NOT REPORT LOCATIONS TO WHICH WASTES ARE SENT ONLY FOR RECYCLING OR REUSE).

2.1 Off-site location name NA		2.2 Off-site location name	
EPA Identification Number (RCRA ID. No.)		EPA Identification Number (RCRA ID. No.)	
Street Address		Street Address	
City	County	City	County
State	Zip	State	Zip
Is location under control of reporting facility or parent company? [] Yes [] No		Is location under control of reporting facility or parent company? [] Yes [] No	

2.3 Off-site location name		2.4 Off-site location name	
EPA Identification Number (RCRA ID. No.)		EPA Identification Number (RCRA ID. No.)	
Street Address		Street Address	
City	County	City	County
State	Zip	State	Zip
Is location under control of reporting facility or parent company? [] Yes [] No		Is location under control of reporting facility or parent company? [] Yes [] No	
2.5 Off-site location name		2.6 Off-site location name	
EPA Identification Number (RCRA ID. No.)		EPA Identification Number (RCRA ID. No.)	
Street Address		Street Address	
City	County	City	County
State	Zip	State	Zip
Is location under control of reporting facility or parent company? [] Yes [] No		Is location under control of reporting facility or parent company? [] Yes [] No	
[] Check if additional pages of Part II are attached. How many? _____			



EPA FORM R
PART III. CHEMICAL-SPECIFIC INFORMATION

(This space for your optional use.)

Phenol

1. CHEMICAL IDENTITY (Do not complete this section if you complete Section 2.)

1.1	(Reserved)
1.2	CAS Number (Enter only one number exactly as it appears on the 313 list. Enter NA if reporting a chemical category.) 108-95-2
1.3	Chemical or Chemical Category Name (Enter only one name exactly as it appears on the 313 list.) Phenol
1.4	Generic Chemical Name (Complete only if Part I, Section 1.1 is checked "Yes." Generic name must be structurally descriptive.)

2. MIXTURE COMPONENT IDENTITY (Do not complete this section if you complete Section 1.)

2.	Generic Chemical Name Provided by Supplier (Limit the name to a maximum of 70 characters (e.g., numbers, letters, spaces, punctuation).)
----	--

3. ACTIVITIES AND USES OF THE CHEMICAL AT THE FACILITY (Check all that apply.)

3.1	Manufacture the chemical:	a. <input type="checkbox"/> Produce	If produce or import:		d. <input type="checkbox"/> For sale/distribution
		b. <input type="checkbox"/> Import	c. <input type="checkbox"/> For on-site use/processing	e. <input type="checkbox"/> As a byproduct	f. <input type="checkbox"/> As an impurity
3.2	Process the chemical:	a. <input type="checkbox"/> As a reactant	b. <input type="checkbox"/> As a formulation component	c. <input checked="" type="checkbox"/> As an article component	
		d. <input type="checkbox"/> Repackaging only			
3.3	Otherwise use the chemical:	a. <input type="checkbox"/> As a chemical processing aid	b. <input type="checkbox"/> As a manufacturing aid	c. <input type="checkbox"/> Ancillary or other use	

4. MAXIMUM AMOUNT OF THE CHEMICAL ON-SITE AT ANY TIME DURING THE CALENDAR YEAR

04 (enter code)

5. RELEASES OF THE CHEMICAL TO THE ENVIRONMENT ON-SITE

You may report releases of less than 1,000 pounds by checking ranges under A.1. (Do not use both A.1 and A.2)		A. Total Release (pounds/year)		B. Basis of Estimate (enter code)	C. % From Stormwater
		A.1 Reporting Ranges 0 1-499 500-999	A.2 Enter Estimate		
5.1 Fugitive or non-point air emissions	5.1a	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	0	5.1b <input type="checkbox"/>	
5.2 Stack or point air emissions	5.2a	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1.02	5.2b <input type="checkbox"/>	
5.3 Discharges to receiving streams or water bodies (Enter letter code for stream from Part I Section 3.10 in the box provided.)	5.3.1 <input type="checkbox"/>	5.3.1a <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	NA	5.3.1b <input type="checkbox"/>	5.3.1c %
	5.3.2 <input type="checkbox"/>	5.3.2a <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	NA	5.3.2b <input type="checkbox"/>	5.3.2c %
	5.3.3 <input type="checkbox"/>	5.3.3a <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	NA	5.3.3b <input type="checkbox"/>	5.3.3c %
5.4 Underground injection on-site	5.4a	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	NA	5.4b <input type="checkbox"/>	
5.5 Releases to land on-site	5.5.1a	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	NA	5.5.1b <input type="checkbox"/>	
	5.5.2a	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	NA	5.5.2b <input type="checkbox"/>	
	5.5.3a	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	NA	5.5.3b <input type="checkbox"/>	
	5.5.4a	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	NA	5.5.4b <input type="checkbox"/>	

☐ (Check if additional information is provided on Part IV-Supplemental Information.)



EPA FORM R

PART III. CHEMICAL-SPECIFIC INFORMATION
(continued)

(This space for your optional use.)

Phenol

6. TRANSFERS OF THE CHEMICAL IN WASTE TO OFF-SITE LOCATIONS

You may report transfers of less than 1,000 pounds by checking ranges under A.1. (Do not use both A.1 and A.2)	A. Total Transfers (pounds/year)		B. Basis of Estimate (enter code)	C. Type of Treatment/Disposal (enter code)
	A.1 Reporting Ranges 0 1-499 500-999	A.2 Enter Estimate		
6.1.1 Discharge to POTW (enter location number from Part II, Section 1.) <input type="checkbox"/> 1 <input type="checkbox"/>	[] [] []	NA	6.1.1b <input type="checkbox"/>	
6.2.1 Other off-site location (enter location number from Part II, Section 2.) <input type="checkbox"/> 2 <input type="checkbox"/>	[] [] []	NA	6.2.1b <input type="checkbox"/>	6.2.1c <input type="checkbox"/> M <input type="checkbox"/>
6.2.2 Other off-site location (enter location number from Part II, Section 2.) <input type="checkbox"/> 2 <input type="checkbox"/>	[] [] []	NA	6.2.2b <input type="checkbox"/>	6.2.2c <input type="checkbox"/> M <input type="checkbox"/>
6.2.3 Other off-site location (enter location number from Part II, Section 2.) <input type="checkbox"/> 2 <input type="checkbox"/>	[] [] []	NA	6.2.3b <input type="checkbox"/>	6.2.3c <input type="checkbox"/> M <input type="checkbox"/>

[] (Check if additional information is provided on Part IV-Supplemental Information.)

7. WASTE TREATMENT METHODS AND EFFICIENCY

[X] Not Applicable (NA) - Check if no on-site treatment is applied to any wastestream containing the chemical or chemical category.

A. General Wastestream (enter code)	B. Treatment Method (enter code)	C. Range of Influent Concentration (enter code)	D. Sequential Treatment? (check if applicable)	E. Treatment Efficiency Estimate	F. Based on Operating Data? Yes No
7.1a <input type="checkbox"/>	7.1b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7.1c <input type="checkbox"/>	7.1d []	7.1e %	7.1f [] []
7.2a <input type="checkbox"/>	7.2b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7.2c <input type="checkbox"/>	7.2d []	7.2e %	7.2f [] []
7.3a <input type="checkbox"/>	7.3b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7.3c <input type="checkbox"/>	7.3d []	7.3e %	7.3f [] []
7.4a <input type="checkbox"/>	7.4b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7.4c <input type="checkbox"/>	7.4d []	7.4e %	7.4f [] []
7.5a <input type="checkbox"/>	7.5b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7.5c <input type="checkbox"/>	7.5d []	7.5e %	7.5f [] []
7.6a <input type="checkbox"/>	7.6b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7.6c <input type="checkbox"/>	7.6d []	7.6e %	7.6f [] []
7.7a <input type="checkbox"/>	7.7b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7.7c <input type="checkbox"/>	7.7d []	7.7e %	7.7f [] []
7.8a <input type="checkbox"/>	7.8b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7.8c <input type="checkbox"/>	7.8d []	7.8e %	7.8f [] []
7.9a <input type="checkbox"/>	7.9b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7.9c <input type="checkbox"/>	7.9d []	7.9e %	7.9f [] []
7.10a <input type="checkbox"/>	7.10b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7.10c <input type="checkbox"/>	7.10d []	7.10e %	7.10f [] []

[] (Check if additional information is provided on Part IV-Supplemental Information.)

8. POLLUTION PREVENTION: OPTIONAL INFORMATION ON WASTE MINIMIZATION

(Indicate actions taken to reduce the amount of the chemical being released from the facility. See the instructions for coded items and an explanation of what information to include.)

A. Type of Modification (enter code)	B. Quantity of the Chemical in Wastes Prior to Treatment or Disposal	C. Index	D. Reason for Action (enter code)						
<input type="checkbox"/> M <input type="checkbox"/>	<table border="0"> <tr> <td>Current reporting year (pounds/year)</td> <td>Prior year (pounds/year)</td> <td>Or percent change (Check (+) or (-))</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> + <input type="checkbox"/> - %</td> </tr> </table>	Current reporting year (pounds/year)	Prior year (pounds/year)	Or percent change (Check (+) or (-))			<input type="checkbox"/> + <input type="checkbox"/> - %	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> R <input type="checkbox"/>
Current reporting year (pounds/year)	Prior year (pounds/year)	Or percent change (Check (+) or (-))							
		<input type="checkbox"/> + <input type="checkbox"/> - %							



EPA FORM R PART IV. SUPPLEMENTAL INFORMATION

Use this section if you need additional space for answers to questions in Part III.
Number the lines used sequentially from lines in prior sections (e.g., 5.3.4, 6.1.2, 7.11)

(This space for your optional use.)

Full Page - NA

ADDITIONAL INFORMATION ON RELEASES OF THE CHEMICAL TO THE ENVIRONMENT ON-SITE (Part III, Section 5.3)

You may report releases of less than 1,000 pounds by checking ranges under A.1. (Do not use both A.1 and A.2)	A. Total Release (pounds/year)		B. Basis of Estimate (enter code in box provided)	C. % From Stormwater
	A.1 Reporting Ranges 0 1-499 500-999	A.2 Enter Estimate		
5.3 Discharges to receiving streams or water bodies 5.3. <input type="checkbox"/>	5.3. <input type="checkbox"/> a [] [] []		5.3. <input type="checkbox"/> b <input type="checkbox"/>	5.3. <input type="checkbox"/> c %
(Enter letter code for stream from Part I Section 3.10 in the box provided.) 5.3. <input type="checkbox"/>	5.3. <input type="checkbox"/> a [] [] []		5.3. <input type="checkbox"/> b <input type="checkbox"/>	5.3. <input type="checkbox"/> c %
5.3. <input type="checkbox"/>	5.3. <input type="checkbox"/> a [] [] []		5.3. <input type="checkbox"/> b <input type="checkbox"/>	5.3. <input type="checkbox"/> c %

ADDITIONAL INFORMATION ON TRANSFERS OF THE CHEMICAL IN WASTE TO OFF-SITE LOCATIONS (Part III, Section 6)

You may report transfers of less than 1,000 pounds by checking ranges under A.1. (Do not use both A.1 and A.2)	A. Total Transfers (pounds/year)		B. Basis of Estimate (enter code in box provided)	C. Type of Treatment/Disposal (enter code in box provided)
	A.1 Reporting Ranges 0 1-499 500-999	A.2 Enter Estimate		
6.1. Discharge to POTW (enter location number from Part II, Section 1.) <input type="checkbox"/> 1 <input type="checkbox"/>	[] [] []		6.1. <input type="checkbox"/> b <input type="checkbox"/>	
6.2. Other off-site location (enter location number from Part II, Section 2.) <input type="checkbox"/> 2 <input type="checkbox"/>	[] [] []		6.2. <input type="checkbox"/> b <input type="checkbox"/>	6.2. <input type="checkbox"/> c M <input type="checkbox"/> <input type="checkbox"/>
6.2. Other off-site location (enter location number from Part II, Section 2.) <input type="checkbox"/> 2 <input type="checkbox"/>	[] [] []		6.2. <input type="checkbox"/> b <input type="checkbox"/>	6.2. <input type="checkbox"/> c M <input type="checkbox"/> <input type="checkbox"/>
6.2. Other off-site location (enter location number from Part II, Section 2.) <input type="checkbox"/> 2 <input type="checkbox"/>	[] [] []		6.2. <input type="checkbox"/> b <input type="checkbox"/>	6.2. <input type="checkbox"/> c M <input type="checkbox"/> <input type="checkbox"/>

ADDITIONAL INFORMATION ON WASTE TREATMENT METHODS AND EFFICIENCY (Part III, Section 7)

A. General Wastestream (enter code in box provided)	B. Treatment Method (enter code in box provided)	C. Range of Influent Concentration (enter code)	D. Sequential Treatment? (check if applicable)	E. Treatment Efficiency Estimate	F. Based on Operating Data? Yes No
7. <input type="checkbox"/> a <input type="checkbox"/>	7. <input type="checkbox"/> b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7. <input type="checkbox"/> c <input type="checkbox"/>	7. <input type="checkbox"/> d []	7. <input type="checkbox"/> e %	7. <input type="checkbox"/> f [] []
7. <input type="checkbox"/> a <input type="checkbox"/>	7. <input type="checkbox"/> b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7. <input type="checkbox"/> c <input type="checkbox"/>	7. <input type="checkbox"/> d []	7. <input type="checkbox"/> e %	7. <input type="checkbox"/> f [] []
7. <input type="checkbox"/> a <input type="checkbox"/>	7. <input type="checkbox"/> b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7. <input type="checkbox"/> c <input type="checkbox"/>	7. <input type="checkbox"/> d []	7. <input type="checkbox"/> e %	7. <input type="checkbox"/> f [] []
7. <input type="checkbox"/> a <input type="checkbox"/>	7. <input type="checkbox"/> b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7. <input type="checkbox"/> c <input type="checkbox"/>	7. <input type="checkbox"/> d []	7. <input type="checkbox"/> e %	7. <input type="checkbox"/> f [] []
7. <input type="checkbox"/> a <input type="checkbox"/>	7. <input type="checkbox"/> b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7. <input type="checkbox"/> c <input type="checkbox"/>	7. <input type="checkbox"/> d []	7. <input type="checkbox"/> e %	7. <input type="checkbox"/> f [] []
7. <input type="checkbox"/> a <input type="checkbox"/>	7. <input type="checkbox"/> b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7. <input type="checkbox"/> c <input type="checkbox"/>	7. <input type="checkbox"/> d []	7. <input type="checkbox"/> e %	7. <input type="checkbox"/> f [] []
7. <input type="checkbox"/> a <input type="checkbox"/>	7. <input type="checkbox"/> b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7. <input type="checkbox"/> c <input type="checkbox"/>	7. <input type="checkbox"/> d []	7. <input type="checkbox"/> e %	7. <input type="checkbox"/> f [] []
7. <input type="checkbox"/> a <input type="checkbox"/>	7. <input type="checkbox"/> b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7. <input type="checkbox"/> c <input type="checkbox"/>	7. <input type="checkbox"/> d []	7. <input type="checkbox"/> e %	7. <input type="checkbox"/> f [] []
7. <input type="checkbox"/> a <input type="checkbox"/>	7. <input type="checkbox"/> b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7. <input type="checkbox"/> c <input type="checkbox"/>	7. <input type="checkbox"/> d []	7. <input type="checkbox"/> e %	7. <input type="checkbox"/> f [] []



U.S. Environmental Protection Agency

TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM

Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986, also known as Title III of the Superfund Amendments and Reauthorization Act

EPA FORM

R

PART I
FACILITY
IDENTIFICATION
INFORMATION

(This space for your optional use.)

Formaldehyde

Public reporting burden for this collection of information is estimated to vary from 30 to 34 hours per response, with an average of 32 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Chief, Information Policy Branch (PM-223), US EPA, 401 M St., SW, Washington, D.C. 20460 Attn: TRI Burden and to the Office of Information and Regulatory Affairs, Office of Management and Budget Paperwork Reduction Project (2070-0093), Washington, D.C. 20503.

1.	1.1 Are you claiming the chemical identity on page 3 trade secret? [] Yes (Answer question 1.2; Attach substantiation forms.) [X] No (Do not answer 1.2; Go to question 1.3.)	1.2 If "Yes" in 1.1, is this copy: [] Sanitized [] Unsanitized	1.3 Reporting Year 19 89
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2. CERTIFICATION (Read and sign after completing all sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official

James Gilbert Plant Manager

Signature

James Gilbert

Date signed

6-11-90

3. FACILITY IDENTIFICATION

3.1	Facility or Establishment Name		
	St	52162NRPLXMECOU	
	NE	NORFLEX DAK	
	Postville IA	52162	
	TRI Facility Identification Number		

WHERE TO SEND COMPLETED FORMS:

1. EPCRA REPORTING CENTER
P.O. BOX 23779
WASHINGTON, DC 20026-3779
ATTN: TOXIC CHEMICAL RELEASE INVENTORY
2. APPROPRIATE STATE OFFICE (See Instructions in Appendix G)

3.2	This report contains information for (Check only one): a. [X] An entire facility b. [] Part of a facility.					
3.3	Technical Contact Thomas R. Sattler, Jr.				Telephone Number (Include area code) (319) 864-7321	
3.4	Public Contact James Gilbert				Telephone Number (Include area code) (319) 864-7321	
3.5	SIC Code (4 digit) a. 3079		b.	c.	d.	e. f.
3.6	Latitude Degrees Minutes Seconds 43 05 02			Longitude Degrees Minutes Seconds 91 33 13		
3.7	Dun & Bradstreet Number(s) a. 07-348-9288			b. 13-063-4082		
3.8	EPA Identification Number(s) (RCRA I.D. No.) a. IAD073489288			b.		
3.9	NPDES Permit Number(s) a. 60375101			b.		
3.10	Receiving Streams or Water Bodies (enter one name per box) a. Dry Run to Roberts Creek			b.		
	c.			d.		
	e.			f.		
3.11	Underground Injection Well Code (UIC) Identification Number(s) a. NA			b.		

4. PARENT COMPANY INFORMATION

4.1	Name of Parent Company Allied Signal	4.2	Parent Company's Dun & Bradstreet Number 13-969-1877
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EPA FORM R
PART II. OFF-SITE LOCATIONS TO WHICH TOXIC
CHEMICALS ARE TRANSFERRED IN WASTES

(This space for your optional use.)

Formaldehyde

1. PUBLICLY OWNED TREATMENT WORKS (POTWs)

1.1 POTW name NA		1.2 POTW name	
Street Address		Street Address	
City	County	City	County
State	Zip	State	Zip

2. OTHER OFF-SITE LOCATIONS (DO NOT REPORT LOCATIONS TO WHICH WASTES ARE SENT ONLY FOR RECYCLING OR REUSE).

2.1 Off-site location name		2.2 Off-site location name	
EPA Identification Number (RCRA ID. No.)		EPA Identification Number (RCRA ID. No.)	
Street Address		Street Address	
City	County	City	County
State	Zip	State	Zip
Is location under control of reporting facility or parent company? [] Yes [] No		Is location under control of reporting facility or parent company? [] Yes [] No	

2.3 Off-site location name		2.4 Off-site location name	
EPA Identification Number (RCRA ID. No.)		EPA Identification Number (RCRA ID. No.)	
Street Address		Street Address	
City	County	City	County
State	Zip	State	Zip
Is location under control of reporting facility or parent company? [] Yes [] No		Is location under control of reporting facility or parent company? [] Yes [] No	

2.5 Off-site location name		2.6 Off-site location name	
EPA Identification Number (RCRA ID. No.)		EPA Identification Number (RCRA ID. No.)	
Street Address		Street Address	
City	County	City	County
State	Zip	State	Zip
Is location under control of reporting facility or parent company? [] Yes [] No		Is location under control of reporting facility or parent company? [] Yes [] No	

[] Check if additional pages of Part II are attached. How many? _____



EPA FORM R
PART III. CHEMICAL-SPECIFIC INFORMATION

(This space for your optional use.)

Formaldehyde

1. CHEMICAL IDENTITY (Do not complete this section if you complete Section 2.)

1.1	[Reserved]
1.2	CAS Number (Enter only one number exactly as it appears on the 313 list. Enter NA if reporting a chemical category.) 50-00-0
1.3	Chemical or Chemical Category Name (Enter only one name exactly as it appears on the 313 list.) Formaldehyde
1.4	Generic Chemical Name (Complete only if Part I, Section 1.1 is checked "Yes." Generic name must be structurally descriptive.)

2. MIXTURE COMPONENT IDENTITY (Do not complete this section if you complete Section 1.)

Generic Chemical Name Provided by Supplier (Limit the name to a maximum of 70 characters (e.g., numbers, letters, spaces, punctuation).)

3. ACTIVITIES AND USES OF THE CHEMICAL AT THE FACILITY (Check all that apply.)

3.1	Manufacture the chemical:	a. <input type="checkbox"/> Produce	If produce or import:		d. <input type="checkbox"/> For sale/distribution
		b. <input type="checkbox"/> Import	c. <input type="checkbox"/> For on-site use/processing	e. <input type="checkbox"/> As a byproduct	f. <input type="checkbox"/> As an impurity
3.2	Process the chemical:	a. <input type="checkbox"/> As a reactant	b. <input type="checkbox"/> As a formulation component	c. <input checked="" type="checkbox"/> As an article component	
		d. <input type="checkbox"/> Repackaging only			
3.3	Otherwise use the chemical:	a. <input type="checkbox"/> As a chemical processing aid	b. <input type="checkbox"/> As a manufacturing aid	c. <input type="checkbox"/> Ancillary or other use	

4. MAXIMUM AMOUNT OF THE CHEMICAL ON-SITE AT ANY TIME DURING THE CALENDAR YEAR

03 (enter code)

5. RELEASES OF THE CHEMICAL TO THE ENVIRONMENT ON-SITE

		A. Total Release (pounds/year)		B. Basis of Estimate (enter code)	C. % From Stormwater
		A.1 Reporting Ranges 0 1-499 500-999	A.2 Enter Estimate		
You may report releases of less than 1,000 pounds by checking ranges under A.1. (Do not use both A.1 and A.2)					
5.1 Fugitive or non-point air emissions	5.1a	[] [] []	74.71	5.1b <input checked="" type="checkbox"/> M	
5.2 Stack or point air emissions	5.2a	[] [] []	218.71	5.2b <input type="checkbox"/> 0	
5.3 Discharges to receiving streams or water bodies 5.3.1 <input type="checkbox"/> (Enter letter code for stream from Part I Section 3.10 in the box provided.) 5.3.2 <input type="checkbox"/> 5.3.3 <input type="checkbox"/>	5.3.1a	[] [] []	NA	5.3.1b <input type="checkbox"/>	5.3.1c %
	5.3.2a	[] [] []	NA	5.3.2b <input type="checkbox"/>	5.3.2c %
	5.3.3a	[] [] []	NA	5.3.3b <input type="checkbox"/>	5.3.3c %
5.4 Underground Injection on-site	5.4a	[] [] []	NA	5.4b <input type="checkbox"/>	
5.5 Releases to land on-site 5.5.1 Landfill 5.5.2 Land treatment/application farming 5.5.3 Surface Impoundment 5.5.4 Other disposal	5.5.1a	[] [] []	NA	5.5.1b <input type="checkbox"/>	
	5.5.2a	[] [] []	NA	5.5.2b <input type="checkbox"/>	
	5.5.3a	[] [] []	NA	5.5.3b <input type="checkbox"/>	
	5.5.4a	[] [] []	NA	5.5.4b <input type="checkbox"/>	

[] (Check if additional information is provided on Part IV-Supplemental Information.)



EPA FORM R

PART III. CHEMICAL-SPECIFIC INFORMATION
(continued)

(This space for your optional use.)

Formaldehyde

6. TRANSFERS OF THE CHEMICAL IN WASTE TO OFF-SITE LOCATIONS

You may report transfers of less than 1,000 pounds by checking ranges under A.1. (Do not use both A.1 and A.2)	A. Total Transfers (pounds/year)		B. Basis of Estimate (enter code)	C. Type of Treatment/Disposal (enter code)
	A.1 Reporting Ranges 0 1-499 500-999	A.2 Enter Estimate		
6.1.1 Discharge to POTW (enter location number from Part II, Section 1.) <input type="checkbox"/> 1 <input type="checkbox"/>	[] [] []	NA	6.1.1b <input type="checkbox"/>	
6.2.1 Other off-site location (enter location number from Part II, Section 2.) <input type="checkbox"/> 2 <input type="checkbox"/>	[] [] []	NA	6.2.1b <input type="checkbox"/>	6.2.1c <input type="checkbox"/> M <input type="checkbox"/>
6.2.2 Other off-site location (enter location number from Part II, Section 2.) <input type="checkbox"/> 2 <input type="checkbox"/>	[] [] []	NA	6.2.2b <input type="checkbox"/>	6.2.2c <input type="checkbox"/> M <input type="checkbox"/>
6.2.3 Other off-site location (enter location number from Part II, Section 2.) <input type="checkbox"/> 2 <input type="checkbox"/>	[] [] []	NA	6.2.3b <input type="checkbox"/>	6.2.3c <input type="checkbox"/> M <input type="checkbox"/>

[] (Check if additional information is provided on Part IV-Supplemental information.)

7. WASTE TREATMENT METHODS AND EFFICIENCY

[x] Not Applicable (NA) - Check if no on-site treatment is applied to any wastestream containing the chemical or chemical category.

A. General Wastestream (enter code)	B. Treatment Method (enter code)	C. Range of Influent Concentration (enter code)	D. Sequential Treatment? (check if applicable)	E. Treatment Efficiency Estimate	F. Based on Operating Data? Yes No
7.1a <input type="checkbox"/>	7.1b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7.1c <input type="checkbox"/>	7.1d []	7.1e %	7.1f [] []
7.2a <input type="checkbox"/>	7.2b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7.2c <input type="checkbox"/>	7.2d []	7.2e %	7.2f [] []
7.3a <input type="checkbox"/>	7.3b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7.3c <input type="checkbox"/>	7.3d []	7.3e %	7.3f [] []
7.4a <input type="checkbox"/>	7.4b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7.4c <input type="checkbox"/>	7.4d []	7.4e %	7.4f [] []
7.5a <input type="checkbox"/>	7.5b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7.5c <input type="checkbox"/>	7.5d []	7.5e %	7.5f [] []
7.6a <input type="checkbox"/>	7.6b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7.6c <input type="checkbox"/>	7.6d []	7.6e %	7.6f [] []
7.7a <input type="checkbox"/>	7.7b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7.7c <input type="checkbox"/>	7.7d []	7.7e %	7.7f [] []
7.8a <input type="checkbox"/>	7.8b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7.8c <input type="checkbox"/>	7.8d []	7.8e %	7.8f [] []
7.9a <input type="checkbox"/>	7.9b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7.9c <input type="checkbox"/>	7.9d []	7.9e %	7.9f [] []
7.10a <input type="checkbox"/>	7.10b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7.10c <input type="checkbox"/>	7.10d []	7.10e %	7.10f [] []

[] (Check if additional information is provided on Part IV-Supplemental information.)

8. POLLUTION PREVENTION: OPTIONAL INFORMATION ON WASTE MINIMIZATION

(Indicate actions taken to reduce the amount of the chemical being released from the facility. See the instructions for coded items and an explanation of what information to include.)

A. Type of Modification (enter code)	B. Quantity of the Chemical in Wastes Prior to Treatment or Disposal		C. Index	D. Reason for Action (enter code)
<input type="checkbox"/> M <input type="checkbox"/>	Current reporting year (pounds/year)	Prior year (pounds/year)	Or percent change (Check (+) or (-)) <input type="checkbox"/> + <input type="checkbox"/> - %	<input type="checkbox"/> R <input type="checkbox"/>



EPA FORM R PART IV. SUPPLEMENTAL INFORMATION

Use this section if you need additional space for answers to questions in Part III.
Number the lines used sequentially from lines in prior sections (e.g., 5.3.4, 6.1.2, 7.11)

(This space for your optional use.)

Formaldehyde

This sheet NA

ADDITIONAL INFORMATION ON RELEASES OF THE CHEMICAL TO THE ENVIRONMENT ON-SITE (Part III, Section 5.3)

You may report releases of less than 1,000 pounds by checking ranges under A.1. (Do not use both A.1 and A.2)	A. Total Release (pounds/year)		B. Basis of Estimate (enter code in box provided)	C. % From Stormwater
	A.1 Reporting Ranges 0 1-499 500-999	A.2 Enter Estimate		
5.3 Discharges to receiving streams or water bodies 5.3. <input type="checkbox"/>	5.3. <input type="checkbox"/> a [] [] []		5.3. <input type="checkbox"/> b	5.3. <input type="checkbox"/> c %
(Enter letter code for stream from Part I Section 3.10 in the box provided.) 5.3. <input type="checkbox"/>	5.3. <input type="checkbox"/> a [] [] []		5.3. <input type="checkbox"/> b	5.3. <input type="checkbox"/> c %
5.3. <input type="checkbox"/>	5.3. <input type="checkbox"/> a [] [] []		5.3. <input type="checkbox"/> b	5.3. <input type="checkbox"/> c %

ADDITIONAL INFORMATION ON TRANSFERS OF THE CHEMICAL IN WASTE TO OFF-SITE LOCATIONS (Part III, Section 6)

You may report transfers of less than 1,000 pounds by checking ranges under A.1. (Do not use both A.1 and A.2)	A. Total Transfers (pounds/year)		B. Basis of Estimate (enter code in box provided)	C. Type of Treatment/Disposal (enter code in box provided)
	A.1 Reporting Ranges 0 1-499 500-999	A.2 Enter Estimate		
6.1. Discharge to POTW (enter location number from Part II, Section 1.) <input type="checkbox"/> 1 <input type="checkbox"/>	[] [] []		6.1. <input type="checkbox"/> b	
6.2. Other off-site location (enter location number from Part II, Section 2.) <input type="checkbox"/> 2 <input type="checkbox"/>	[] [] []		6.2. <input type="checkbox"/> b	6.2. <input type="checkbox"/> c M <input type="checkbox"/>
6.2. Other off-site location (enter location number from Part II, Section 2.) <input type="checkbox"/> 2 <input type="checkbox"/>	[] [] []		6.2. <input type="checkbox"/> b	6.2. <input type="checkbox"/> c M <input type="checkbox"/>
6.2. Other off-site location (enter location number from Part II, Section 2.) <input type="checkbox"/> 2 <input type="checkbox"/>	[] [] []		6.2. <input type="checkbox"/> b	6.2. <input type="checkbox"/> c M <input type="checkbox"/>

ADDITIONAL INFORMATION ON WASTE TREATMENT METHODS AND EFFICIENCY (Part III, Section 7)

A. General Wastestream (enter code in box provided)	B. Treatment Method (enter code in box provided)	C. Range of Influent Concentration (enter code)	D. Sequential Treatment? (check if applicable)	E. Treatment Efficiency Estimate	F. Based on Operating Data? Yes No
7. <input type="checkbox"/> a	7. <input type="checkbox"/> b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7. <input type="checkbox"/> c	7. <input type="checkbox"/> d []	7. <input type="checkbox"/> e %	7. <input type="checkbox"/> f [] []
7. <input type="checkbox"/> a	7. <input type="checkbox"/> b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7. <input type="checkbox"/> c	7. <input type="checkbox"/> d []	7. <input type="checkbox"/> e %	7. <input type="checkbox"/> f [] []
7. <input type="checkbox"/> a	7. <input type="checkbox"/> b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7. <input type="checkbox"/> c	7. <input type="checkbox"/> d []	7. <input type="checkbox"/> e %	7. <input type="checkbox"/> f [] []
7. <input type="checkbox"/> a	7. <input type="checkbox"/> b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7. <input type="checkbox"/> c	7. <input type="checkbox"/> d []	7. <input type="checkbox"/> e %	7. <input type="checkbox"/> f [] []
7. <input type="checkbox"/> a	7. <input type="checkbox"/> b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7. <input type="checkbox"/> c	7. <input type="checkbox"/> d []	7. <input type="checkbox"/> e %	7. <input type="checkbox"/> f [] []
7. <input type="checkbox"/> a	7. <input type="checkbox"/> b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7. <input type="checkbox"/> c	7. <input type="checkbox"/> d []	7. <input type="checkbox"/> e %	7. <input type="checkbox"/> f [] []
7. <input type="checkbox"/> a	7. <input type="checkbox"/> b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7. <input type="checkbox"/> c	7. <input type="checkbox"/> d []	7. <input type="checkbox"/> e %	7. <input type="checkbox"/> f [] []
7. <input type="checkbox"/> a	7. <input type="checkbox"/> b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7. <input type="checkbox"/> c	7. <input type="checkbox"/> d []	7. <input type="checkbox"/> e %	7. <input type="checkbox"/> f [] []



U.S. Environmental Protection Agency

TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM

Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986,
also known as Title III of the Superfund Amendments and Reauthorization Act

EPA FORM

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PART I.
FACILITY
IDENTIFICATION
INFORMATION

(This space for your optional use.)

Methanol

Public reporting burden for this collection of information is estimated to vary from 30 to 34 hours per response, with an average of 32 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Chief, Information Policy Branch (PM-223), US EPA, 401 M St., SW, Washington, D.C. 20460 Attn: TRI Burden and to the Office of Information and Regulatory Affairs, Office of Management and Budget Paperwork Reduction Project (2070-0093), Washington, D.C. 20603.

1.	1.1 Are you claiming the chemical identity on page 3 trade secret? [] Yes (Answer question 1.2; Attach substantiation forms.) [X] No (Do not answer 1.2; Go to question 1.3.)	1.2 If "Yes" in 1.1, is this copy: [] Sanitized [] Unsanitized	1.3 Reporting Year 19 89
----	---	---	-----------------------------

2. CERTIFICATION (Read and sign after completing all sections.)
I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official
James Gilbert Plant Manager

Signature James Gilbert Date signed 6-11-90

3. FACILITY IDENTIFICATION	WHERE TO SEND COMPLETED FORMS:
3.1 Facility or Establishment Name St 52162NRPLXMECOU NORPLEX OAK NE COUNTY RD. CL POSTVILLE IA St 52162 TRI Facility Identification Number	1. EPCRA REPORTING CENTER P.O. BOX 23779 WASHINGTON, DC 20026-3779 ATTN: TOXIC CHEMICAL RELEASE INVENTORY 2. APPROPRIATE STATE OFFICE (See Instructions in Appendix G)

3.2	This report contains information for (Check only one): a. [X] An entire facility b. [] Part of a facility.					
3.3	Technical Contact Thomas R. Sattler, Jr.				Telephone Number (Include area code) (319) 864-7321	
3.4	Public Contact James Gilbert				Telephone Number (Include area code) (319) 864-7321	
3.5	SIC Code (4 digit) a. 3079		b.	c.	d.	e. f.
3.6	Latitude Degrees Minutes Seconds 43 05 02			Longitude Degrees Minutes Seconds 91 33 13		
3.7	Dun & Bradstreet Number(s) a. 07-348-9288			b. 13-063-4082		
3.8	EPA Identification Number(s) (RCRA I.D. No.) a. IAD073489288			b.		
3.9	NPDES Permit Number(s) a. 60375101			b.		
3.10	Receiving Streams or Water Bodies (enter one name per box) a. Dry Run to Roberts Creek			b.		
	c.			d.		
	e.			f.		
3.11	Underground Injection Well Code (UIC) Identification Number(s) a. NA			b.		

4. PARENT COMPANY INFORMATION	
4.1 Name of Parent Company Allied Signal	4.2 Parent Company's Dun & Bradstreet Number 13-969-1877



EPA FORM R
PART II. OFF-SITE LOCATIONS TO WHICH TOXIC
CHEMICALS ARE TRANSFERRED IN WASTES

(This space for your optional use.)

Methanol

1. PUBLICLY OWNED TREATMENT WORKS (POTWs)

1.1 POTW name NA		1.2 POTW name	
Street Address		Street Address	
City	County	City	County
State	Zip	State	Zip

2. OTHER OFF-SITE LOCATIONS (DO NOT REPORT LOCATIONS TO WHICH WASTES ARE SENT ONLY FOR RECYCLING OR REUSE).

2.1 Off-site location name NA		2.2 Off-site location name NA	
EPA Identification Number (RCRA ID. No.)		EPA Identification Number (RCRA ID. No.)	
Street Address		Street Address	
City	County	City	County
State	Zip	State	Zip
Is location under control of reporting facility or parent company? [] Yes [] No		Is location under control of reporting facility or parent company? [] Yes [] No	

2.3 Off-site location name NA		2.4 Off-site location name NA	
EPA Identification Number (RCRA ID. No.)		EPA Identification Number (RCRA ID. No.)	
Street Address		Street Address	
City	County	City	County
State	Zip	State	Zip
Is location under control of reporting facility or parent company? [] Yes [] No		Is location under control of reporting facility or parent company? [] Yes [] No	

2.5 Off-site location name NA		2.6 Off-site location name NA	
EPA Identification Number (RCRA ID. No.)		EPA Identification Number (RCRA ID. No.)	
Street Address		Street Address	
City	County	City	County
State	Zip	State	Zip
Is location under control of reporting facility or parent company? [] Yes [] No		Is location under control of reporting facility or parent company? [] Yes [] No	

[] Check if additional pages of Part II are attached. How many? _____



EPA FORM R
PART III. CHEMICAL-SPECIFIC INFORMATION

(This space for your optional use.)

Methanol

1. CHEMICAL IDENTITY (Do not complete this section if you complete Section 2.)

1.1	[Reserved]
1.2	CAS Number (Enter only one number exactly as it appears on the 313 list. Enter NA if reporting a chemical category.) 67-56-1
1.3	Chemical or Chemical Category Name (Enter only one name exactly as it appears on the 313 list.) Methanol
1.4	Generic Chemical Name (Complete only if Part I, Section 1.1 is checked "Yes." Generic name must be structurally descriptive.)

2. MIXTURE COMPONENT IDENTITY (Do not complete this section if you complete Section 1.)

2.	Generic Chemical Name Provided by Supplier (Limit the name to a maximum of 70 characters (e.g., numbers, letters, spaces, punctuation).)
----	--

3. ACTIVITIES AND USES OF THE CHEMICAL AT THE FACILITY (Check all that apply.)

3.1	Manufacture the chemical:	a. <input type="checkbox"/> Produce	If produce or import:		d. <input type="checkbox"/> For sale/distribution
		b. <input type="checkbox"/> Import	c. <input type="checkbox"/> For on-site use/processing	e. <input type="checkbox"/> As a byproduct	f. <input type="checkbox"/> As an impurity
3.2	Process the chemical:	a. <input type="checkbox"/> As a reactant	b. <input type="checkbox"/> As a formulation component	c. <input checked="" type="checkbox"/> As an article component	
		d. <input type="checkbox"/> Repackaging only			
3.3	Otherwise use the chemical:	a. <input checked="" type="checkbox"/> As a chemical processing aid	b. <input type="checkbox"/> As a manufacturing aid	c. <input type="checkbox"/> Ancillary or other use	

4. MAXIMUM AMOUNT OF THE CHEMICAL ON-SITE AT ANY TIME DURING THE CALENDAR YEAR

05 (enter code)

5. RELEASES OF THE CHEMICAL TO THE ENVIRONMENT ON-SITE

You may report releases of less than 1,000 pounds by checking ranges under A.1. (Do not use both A.1 and A.2)		A. Total Release (pounds/year)		B. Basis of Estimate (enter code)	C. % From Stormwater
		A.1 Reporting Ranges 0 1-499 500-999	A.2 Enter Estimate		
5.1 Fugitive or non-point air emissions	5.1a	[] [] []	3883.57	5.1b <input type="checkbox"/> M	
5.2 Stack or point air emissions	5.2a	[] [] []	1583407.37	5.2b <input type="checkbox"/> C	
5.3 Discharges to receiving streams or water bodies 5.3.1 <input type="checkbox"/> (Enter letter code for stream from Part I Section 3.10 in the box provided.) 5.3.2 <input type="checkbox"/> 5.3.3 <input type="checkbox"/>	5.3.1a	[] [] []	NA	5.3.1b <input type="checkbox"/>	5.3.1c %
	5.3.2a	[] [] []	NA	5.3.2b <input type="checkbox"/>	5.3.2c %
	5.3.3a	[] [] []	NA	5.3.3b <input type="checkbox"/>	5.3.3c %
5.4 Underground Injection on-site	5.4a	[] [] []	NA	5.4b <input type="checkbox"/>	
5.5 Releases to land on-site 5.5.1 Landfill 5.5.2 Land treatment/application farming 5.5.3 Surface Impoundment 5.5.4 Other disposal	5.5.1a	[] [] []	NA	5.5.1b <input type="checkbox"/>	
	5.5.2a	[] [] []	NA	5.5.2b <input type="checkbox"/>	
	5.5.3a	[] [] []	NA	5.5.3b <input type="checkbox"/>	
	5.5.4a	[] [] []	NA	5.5.4b <input type="checkbox"/>	

[] (Check if additional information is provided on Part IV-Supplemental Information.)



EPA FORM R

PART III. CHEMICAL-SPECIFIC INFORMATION
(continued)

(This space for your optional use.)

Methanol

6. TRANSFERS OF THE CHEMICAL IN WASTE TO OFF-SITE LOCATIONS

You may report transfers of less than 1,000 pounds by checking ranges under A.1. (Do not use both A.1 and A.2)	A. Total Transfers (pounds/year)		B. Basis of Estimate (enter code)	C. Type of Treatment/Disposal (enter code)
	A.1 Reporting Ranges 0 1-499 500-999	A.2 Enter Estimate		
6.1.1 Discharge to POTW (enter location number from Part II, Section 1.) <input type="checkbox"/> 1 <input type="checkbox"/>	[] [] []	NA	6.1.1b <input type="checkbox"/>	
6.2.1 Other off-site location (enter location number from Part II, Section 2.) <input type="checkbox"/> 2 <input type="checkbox"/>	[] [] []	NA	6.2.1b <input type="checkbox"/>	6.2.1c <input type="checkbox"/> M <input type="checkbox"/>
6.2.2 Other off-site location (enter location number from Part II, Section 2.) <input type="checkbox"/> 2 <input type="checkbox"/>	[] [] []	NA	6.2.2b <input type="checkbox"/>	6.2.2c <input type="checkbox"/> M <input type="checkbox"/>
6.2.3 Other off-site location (enter location number from Part II, Section 2.) <input type="checkbox"/> 2 <input type="checkbox"/>	[] [] []	NA	6.2.3b <input type="checkbox"/>	6.2.3c <input type="checkbox"/> M <input type="checkbox"/>

☐ (Check if additional information is provided on Part IV-Supplemental Information.)

7. WASTE TREATMENT METHODS AND EFFICIENCY

☐ Not Applicable (NA) - Check if no on-site treatment is applied to any wastestream containing the chemical or chemical category.

A. General Wastestream (enter code)	B. Treatment Method (enter code)	C. Range of Influent Concentration (enter code)	D. Sequential Treatment? (check if applicable)	E. Treatment Efficiency Estimate	F. Based on Operating Data? Yes No
7.1a <input type="checkbox"/> L	7.1b <input type="checkbox"/> R <input type="checkbox"/> 1 <input type="checkbox"/> 1	7.1c <input type="checkbox"/> 1	7.1d []	7.1e 99 %	7.1f [] [x]
7.2a <input type="checkbox"/>	7.2b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7.2c <input type="checkbox"/>	7.2d []	7.2e %	7.2f [] []
7.3a <input type="checkbox"/>	7.3b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7.3c <input type="checkbox"/>	7.3d []	7.3e %	7.3f [] []
7.4a <input type="checkbox"/>	7.4b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7.4c <input type="checkbox"/>	7.4d []	7.4e %	7.4f [] []
7.5a <input type="checkbox"/>	7.5b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7.5c <input type="checkbox"/>	7.5d []	7.5e %	7.5f [] []
7.6a <input type="checkbox"/>	7.6b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7.6c <input type="checkbox"/>	7.6d []	7.6e %	7.6f [] []
7.7a <input type="checkbox"/>	7.7b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7.7c <input type="checkbox"/>	7.7d []	7.7e %	7.7f [] []
7.8a <input type="checkbox"/>	7.8b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7.8c <input type="checkbox"/>	7.8d []	7.8e %	7.8f [] []
7.9a <input type="checkbox"/>	7.9b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7.9c <input type="checkbox"/>	7.9d []	7.9e %	7.9f [] []
7.10a <input type="checkbox"/>	7.10b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7.10c <input type="checkbox"/>	7.10d []	7.10e %	7.10f [] []

☐ (Check if additional information is provided on Part IV-Supplemental Information.)

8. POLLUTION PREVENTION: OPTIONAL INFORMATION ON WASTE MINIMIZATION

(Indicate actions taken to reduce the amount of the chemical being released from the facility. See the instructions for coded items and an explanation of what information to include.)

A. Type of Modification (enter code)	B. Quantity of the Chemical in Wastes Prior to Treatment or Disposal		C. Index	D. Reason for Action (enter code)
<input type="checkbox"/> M <input type="checkbox"/> 1	Current reporting year (pounds/year) 1587291	Prior year (pounds/year) 1697770	Or percent change (Check (+) or (-)) <input type="checkbox"/> + <input checked="" type="checkbox"/> - 6.51%	<input type="checkbox"/> 1 <input type="checkbox"/> 0
				<input type="checkbox"/> R <input type="checkbox"/> 2



EPA FORM R PART IV. SUPPLEMENTAL INFORMATION

Use this section if you need additional space for answers to questions in Part III.
 Number the lines used sequentially from lines in prior sections (e.g., 5.3.4, 6.1.2, 7.11)

(This space for your optional use.)

Methanol

All NA

ADDITIONAL INFORMATION ON RELEASES OF THE CHEMICAL TO THE ENVIRONMENT ON-SITE (Part III, Section 5.3)

You may report releases of less than 1,000 pounds by checking ranges under A.1. (Do not use both A.1 and A.2)	A. Total Release (pounds/year)		B. Basis of Estimate (enter code in box provided)	C. % From Stormwater
	A.1 Reporting Ranges 0 1-499 500-999	A.2 Enter Estimate		
5.3 Discharges to receiving streams or water bodies 5.3. <input type="checkbox"/>	5.3. a [] [] []		5.3. b <input type="checkbox"/>	5.3. c %
(Enter letter code for stream from Part I Section 3.10 in the box provided.) 5.3. <input type="checkbox"/>	5.3. a [] [] []		5.3. b <input type="checkbox"/>	5.3. c %
5.3. <input type="checkbox"/>	5.3. a [] [] []		5.3. b <input type="checkbox"/>	5.3. c %

ADDITIONAL INFORMATION ON TRANSFERS OF THE CHEMICAL IN WASTE TO OFF-SITE LOCATIONS (Part III, Section 6)

You may report transfers of less than 1,000 pounds by checking ranges under A.1. (Do not use both A.1 and A.2)	A. Total Transfers (pounds/year)		B. Basis of Estimate (enter code in box provided)	C. Type of Treatment/Disposal (enter code in box provided)
	A.1 Reporting Ranges 0 1-499 500-999	A.2 Enter Estimate		
6.1. Discharge to POTW (enter location number from Part II, Section 1.) 1 <input type="checkbox"/>	[] [] []		6.1. b <input type="checkbox"/>	
6.2. Other off-site location (enter location number from Part II, Section 2.) 2 <input type="checkbox"/>	[] [] []		6.2. b <input type="checkbox"/>	6.2. c M <input type="checkbox"/>
6.2. Other off-site location (enter location number from Part II, Section 2.) 2 <input type="checkbox"/>	[] [] []		6.2. b <input type="checkbox"/>	6.2. c M <input type="checkbox"/>
6.2. Other off-site location (enter location number from Part II, Section 2.) 2 <input type="checkbox"/>	[] [] []		6.2. b <input type="checkbox"/>	6.2. c M <input type="checkbox"/>

ADDITIONAL INFORMATION ON WASTE TREATMENT METHODS AND EFFICIENCY (Part III, Section 7)

A. General Wastestream (enter code in box provided)	B. Treatment Method (enter code in box provided)	C. Range of Influent Concentration (enter code)	D. Sequential Treatment? (check if applicable)	E. Treatment Efficiency Estimate	F. Based on Operating Data? Yes No
7. a <input type="checkbox"/>	7. b <input type="checkbox"/>	7. c <input type="checkbox"/>	7. d []	7. e %	7. f [] []
7. a <input type="checkbox"/>	7. b <input type="checkbox"/>	7. c <input type="checkbox"/>	7. d []	7. e %	7. f [] []
7. a <input type="checkbox"/>	7. b <input type="checkbox"/>	7. c <input type="checkbox"/>	7. d []	7. e %	7. f [] []
7. a <input type="checkbox"/>	7. b <input type="checkbox"/>	7. c <input type="checkbox"/>	7. d []	7. e %	7. f [] []
7. a <input type="checkbox"/>	7. b <input type="checkbox"/>	7. c <input type="checkbox"/>	7. d []	7. e %	7. f [] []
7. a <input type="checkbox"/>	7. b <input type="checkbox"/>	7. c <input type="checkbox"/>	7. d []	7. e %	7. f [] []
7. a <input type="checkbox"/>	7. b <input type="checkbox"/>	7. c <input type="checkbox"/>	7. d []	7. e %	7. f [] []
7. a <input type="checkbox"/>	7. b <input type="checkbox"/>	7. c <input type="checkbox"/>	7. d []	7. e %	7. f [] []

(Important: Type or print; read instructions before completing form.)



U.S. Environmental Protection Agency

TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM

Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986, also known as Title III of the Superfund Amendments and Reauthorization Act

**EPA FORM
R****PART I.
FACILITY
IDENTIFICATION
INFORMATION**

(This space for your optional use.)

Acetone

Public reporting burden for this collection of information is estimated to vary from 30 to 34 hours per response, with an average of 32 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Chief, Information Policy Branch (PM-223), US EPA, 401 M St., SW, Washington, D.C. 20460 Attn: TRI Burden and to the Office of Information and Regulatory Affairs, Office of Management and Budget Paperwork Reduction Project (2070-0093), Washington, D.C. 20503.

1. 1.1 Are you claiming the chemical identity on page 3 trade secret? ☐ Yes (Answer question 1.2; Attach substantiation forms.) ☒ No (Do not answer 1.2; Go to question 1.3.)
- 1.2 If "Yes" in 1.1, is this copy: ☐ Sanitized ☐ Unsanitized
- 1.3 Reporting Year 19 89

2. CERTIFICATION (Read and sign after completing all sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official

James Gilbert Plant Manager

Signature

James Gilbert

Date signed

6-11-90

3. FACILITY IDENTIFICATION

Facility or Establishment Name

3.1

St 52162NRPLXNECOU
NORFLEX OAK
NE COUNTY RD.
POSTVILLE IA

52162

TRI Facility Identification Number

WHERE TO SEND COMPLETED FORMS:

1. EPCRA REPORTING CENTER
P.O. BOX 23779
WASHINGTON, DC 20026-3779
ATTN: TOXIC CHEMICAL RELEASE INVENTORY
2. APPROPRIATE STATE OFFICE (See Instructions in Appendix G)

- 3.2 This report contains information for (Check only one): a. ☒ An entire facility b. ☐ Part of a facility.

- 3.3 Technical Contact
Thomas R. Sattler, Jr. Telephone Number (Include area code)
(319) 864-7321

- 3.4 Public Contact
James Gilbert Telephone Number (Include area code)
(319) 864-7321

- 3.5 SIC Code (4 digit)
a. 3079 b. c. d. e. f.

- 3.6 Latitude Longitude
Degrees Minutes Seconds Degrees Minutes Seconds
43 05 02 91 33 13

- 3.7 Dun & Bradstreet Number(s)
a. 07-348-9288 b. 13-063-4082

- 3.8 EPA Identification Number(s) (RCRA I.D. No.)
a. IAD073489288 b.

- 3.9 NPDES Permit Number(s)
a. 60375101 b.

- 3.10 Receiving Streams or Water Bodies (enter one name per box)
a. Dry Run to Roberts Creek b.

- c. d.
e. f.

- 3.11 Underground Injection Well Code (UIC) Identification Number(s)
a. NA b.

4. PARENT COMPANY INFORMATION

- 4.1 Name of Parent Company
Allied Signal
- 4.2 Parent Company's Dun & Bradstreet Number
13-969-1877



EPA FORM R
**PART II. OFF-SITE LOCATIONS TO WHICH TOXIC
 CHEMICALS ARE TRANSFERRED IN WASTES**

(This space for your optional use.)

Acetone

1. PUBLICLY OWNED TREATMENT WORKS (POTWs)

1.1 POTW name NA		1.2 POTW name	
Street Address		Street Address	
City	County	City	County
State	Zip	State	Zip

2. OTHER OFF-SITE LOCATIONS (DO NOT REPORT LOCATIONS TO WHICH WASTES ARE SENT ONLY FOR RECYCLING OR REUSE).

2.1 Off-site location name NA		2.2 Off-site location name	
EPA Identification Number (RCRA ID. No.)		EPA Identification Number (RCRA ID. No.)	
Street Address		Street Address	
City	County	City	County
State	Zip	State	Zip
Is location under control of reporting facility or parent company? [] Yes [] No		Is location under control of reporting facility or parent company? [] Yes [] No	

2.3 Off-site location name		2.4 Off-site location name	
EPA Identification Number (RCRA ID. No.)		EPA Identification Number (RCRA ID. No.)	
Street Address		Street Address	
City	County	City	County
State	Zip	State	Zip
Is location under control of reporting facility or parent company? [] Yes [] No		Is location under control of reporting facility or parent company? [] Yes [] No	
2.5 Off-site location name		2.6 Off-site location name	
EPA Identification Number (RCRA ID. No.)		EPA Identification Number (RCRA ID. No.)	
Street Address		Street Address	
City	County	City	County
State	Zip	State	Zip
Is location under control of reporting facility or parent company? [] Yes [] No		Is location under control of reporting facility or parent company? [] Yes [] No	
[] Check if additional pages of Part II are attached. How many? _____			



EPA FORM R
PART III. CHEMICAL-SPECIFIC INFORMATION

(This space for your optional use.)

Acetone

1. CHEMICAL IDENTITY (Do not complete this section if you complete Section 2.)

1.1	[Reserved]
1.2	CAS Number (Enter only one number exactly as it appears on the 313 list. Enter NA if reporting a chemical category.) 67-64-1
1.3	Chemical or Chemical Category Name (Enter only one name exactly as it appears on the 313 list.) Acetone
1.4	Generic Chemical Name (Complete only if Part I, Section 1.1 is checked "Yes." Generic name must be structurally descriptive.)

2. MIXTURE COMPONENT IDENTITY (Do not complete this section if you complete Section 1.)	
2.	Generic Chemical Name Provided by Supplier (Limit the name to a maximum of 70 characters (e.g., numbers, letters, spaces, punctuation).)

3. ACTIVITIES AND USES OF THE CHEMICAL AT THE FACILITY (Check all that apply.)			
3.1	Manufacture the chemical:	a. <input type="checkbox"/> Produce	If produce or import:
		b. <input type="checkbox"/> Import	
3.2	Process the chemical:	a. <input type="checkbox"/> As a reactant	c. <input type="checkbox"/> For on-site use/processing
		d. <input type="checkbox"/> Repackaging only	e. <input type="checkbox"/> As a byproduct
3.3	Otherwise use the chemical:	a. <input checked="" type="checkbox"/> As a chemical processing aid	d. <input type="checkbox"/> For sale/distribution
		b. <input type="checkbox"/> As a manufacturing aid	f. <input type="checkbox"/> As an impurity
		c. <input checked="" type="checkbox"/> As an article component	

4. MAXIMUM AMOUNT OF THE CHEMICAL ON-SITE AT ANY TIME DURING THE CALENDAR YEAR	
0 4 (enter code)	

5. RELEASES OF THE CHEMICAL TO THE ENVIRONMENT ON-SITE					
You may report releases of less than 1,000 pounds by checking ranges under A.1. (Do not use both A.1 and A.2)		A. Total Release (pounds/year)		B. Basis of Estimate (enter code)	C. % From Stormwater
		A.1 Reporting Ranges 0 1-499 500-999	A.2 Enter Estimate		
5.1 Fugitive or non-point air emissions	5.1a	[] [] []	31926	5.1b <input type="checkbox"/> M	
5.2 Stack or point air emissions	5.2a	[] [] []	253451	5.2b <input type="checkbox"/> C	
5.3 Discharges to receiving streams or water bodies (Enter letter code for stream from Part I Section 3.10 in the box provided.)	5.3.1 <input type="checkbox"/>	5.3.1a [] [] []	NA	5.3.1b <input type="checkbox"/>	5.3.1c %
	5.3.2 <input type="checkbox"/>	5.3.2a [] [] []	NA	5.3.2b <input type="checkbox"/>	5.3.2c %
	5.3.3 <input type="checkbox"/>	5.3.3a [] [] []	NA	5.3.3b <input type="checkbox"/>	5.3.3c %
5.4 Underground Injection on-site	5.4a	[] [] []	NA	5.4b <input type="checkbox"/>	
5.5 Releases to land on-site	5.5.1 Landfill	5.5.1a [] [] []	NA	5.5.1b <input type="checkbox"/>	
	5.5.2 Land treatment/application farming	5.5.2a [] [] []	NA	5.5.2b <input type="checkbox"/>	
	5.5.3 Surface Impoundment	5.5.3a [] [] []	NA	5.5.3b <input type="checkbox"/>	
	5.5.4 Other disposal	5.5.4a [] [] []	NA	5.5.4b <input type="checkbox"/>	

[] (Check if additional information is provided on Part IV-Supplemental Information.)



EPA FORM R

PART III. CHEMICAL-SPECIFIC INFORMATION
(continued)

(This space for your optional use.)

Acetone

6. TRANSFERS OF THE CHEMICAL IN WASTE TO OFF-SITE LOCATIONS

You may report transfers of less than 1,000 pounds by checking ranges under A.1. (Do not use both A.1 and A.2)	A. Total Transfers (pounds/year)		B. Basis of Estimate (enter code)	C. Type of Treatment/Disposal (enter code)
	A.1 Reporting Ranges 0 1-499 500-999	A.2 Enter Estimate		
6.1.1 Discharge to POTW (enter location number from Part II, Section 1.) <input type="checkbox"/> 1 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	NA	6.1.1b <input type="checkbox"/>	
6.2.1 Other off-site location (enter location number from Part II, Section 2.) <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	NA	6.2.1b <input type="checkbox"/>	6.2.1c <input type="checkbox"/> M <input type="checkbox"/>
6.2.2 Other off-site location (enter location number from Part II, Section 2.) <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	NA	6.2.2b <input type="checkbox"/>	6.2.2c <input type="checkbox"/> M <input type="checkbox"/>
6.2.3 Other off-site location (enter location number from Part II, Section 2.) <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	NA	6.2.3b <input type="checkbox"/>	6.2.3c <input type="checkbox"/> M <input type="checkbox"/>

☐ (Check if additional information is provided on Part IV-Supplemental information.)

7. WASTE TREATMENT METHODS AND EFFICIENCY

☐ Not Applicable (NA) - Check if no on-site treatment is applied to any wastestream containing the chemical or chemical category.

A. General Wastestream (enter code)	B. Treatment Method (enter code)	C. Range of Influent Concentration (enter code)	D. Sequential Treatment? (check if applicable)	E. Treatment Efficiency Estimate	F. Based on Operating Data? Yes No
7.1a <input type="checkbox"/> A	7.1b <input type="checkbox"/> F <input type="checkbox"/> 7 <input type="checkbox"/> 1	7.1c <input type="checkbox"/> 2	7.1d <input type="checkbox"/>	7.1e 95.4 %	7.1f <input type="checkbox"/> x <input type="checkbox"/>
7.2a <input type="checkbox"/> L	7.2b <input type="checkbox"/> R <input type="checkbox"/> 1 <input type="checkbox"/> 1	7.2c <input type="checkbox"/> 1	7.2d <input type="checkbox"/>	7.2e 99 %	7.2f <input type="checkbox"/> <input type="checkbox"/> x
7.3a <input type="checkbox"/>	7.3b <input type="checkbox"/>	7.3c <input type="checkbox"/>	7.3d <input type="checkbox"/>	7.3e %	7.3f <input type="checkbox"/> <input type="checkbox"/>
7.4a <input type="checkbox"/>	7.4b <input type="checkbox"/>	7.4c <input type="checkbox"/>	7.4d <input type="checkbox"/>	7.4e %	7.4f <input type="checkbox"/> <input type="checkbox"/>
7.5a <input type="checkbox"/>	7.5b <input type="checkbox"/>	7.5c <input type="checkbox"/>	7.5d <input type="checkbox"/>	7.5e %	7.5f <input type="checkbox"/> <input type="checkbox"/>
7.6a <input type="checkbox"/>	7.6b <input type="checkbox"/>	7.6c <input type="checkbox"/>	7.6d <input type="checkbox"/>	7.6e %	7.6f <input type="checkbox"/> <input type="checkbox"/>
7.7a <input type="checkbox"/>	7.7b <input type="checkbox"/>	7.7c <input type="checkbox"/>	7.7d <input type="checkbox"/>	7.7e %	7.7f <input type="checkbox"/> <input type="checkbox"/>
7.8a <input type="checkbox"/>	7.8b <input type="checkbox"/>	7.8c <input type="checkbox"/>	7.8d <input type="checkbox"/>	7.8e %	7.8f <input type="checkbox"/> <input type="checkbox"/>
7.9a <input type="checkbox"/>	7.9b <input type="checkbox"/>	7.9c <input type="checkbox"/>	7.9d <input type="checkbox"/>	7.9e %	7.9f <input type="checkbox"/> <input type="checkbox"/>
7.10a <input type="checkbox"/>	7.10b <input type="checkbox"/>	7.10c <input type="checkbox"/>	7.10d <input type="checkbox"/>	7.10e %	7.10f <input type="checkbox"/> <input type="checkbox"/>

☐ (Check if additional information is provided on Part IV-Supplemental information.)

8. POLLUTION PREVENTION: OPTIONAL INFORMATION ON WASTE MINIMIZATION

(Indicate actions taken to reduce the amount of the chemical being released from the facility. See the instructions for coded items and an explanation of what information to include.)

A. Type of Modification (enter code)	B. Quantity of the Chemical in Wastes Prior to Treatment or Disposal		C. Index	D. Reason for Action (enter code)
<input type="checkbox"/> M <input type="checkbox"/> 1	Current reporting year (pounds/year) 285376	Prior year (pounds/year) 415033	Or percent change (Check (+) or (-)) <input type="checkbox"/> + <input checked="" type="checkbox"/> - 31.2%	<input type="checkbox"/> 1 <input type="checkbox"/> 0 <input type="checkbox"/> R <input type="checkbox"/> 2



EPA FORM R PART IV. SUPPLEMENTAL INFORMATION

Use this section if you need additional space for answers to questions in Part III.
 Number the lines used sequentially from lines in prior sections (e.g., 5.3.4, 6.1.2, 7.11)

(This space for your optional use.)

NA

ADDITIONAL INFORMATION ON RELEASES OF THE CHEMICAL TO THE ENVIRONMENT ON-SITE (Part III, Section 5.3)

You may report releases of less than 1,000 pounds by checking ranges under A.1. (Do not use both A.1 and A.2)	A. Total Release (pounds/year)		B. Basis of Estimate (enter code in box provided)	C. % Frbm Stormwater
	A.1 Reporting Ranges 0 1-499 500-999	A.2 Enter Estimate		
5.3 Discharges to receiving streams or water bodies 5.3. <input type="checkbox"/>	5.3. <input type="checkbox"/> a [] [] []		5.3. <input type="checkbox"/> b	5.3. <input type="checkbox"/> c %
(Enter letter code for stream from Part I Section 3.10 in the box provided.) 5.3. <input type="checkbox"/>	5.3. <input type="checkbox"/> a [] [] []		5.3. <input type="checkbox"/> b	5.3. <input type="checkbox"/> c %
5.3. <input type="checkbox"/>	5.3. <input type="checkbox"/> a [] [] []		5.3. <input type="checkbox"/> b	5.3. <input type="checkbox"/> c %

ADDITIONAL INFORMATION ON TRANSFERS OF THE CHEMICAL IN WASTE TO OFF-SITE LOCATIONS (Part III, Section 6)

You may report transfers of less than 1,000 pounds by checking ranges under A.1. (Do not use both A.1 and A.2)	A. Total Transfers (pounds/year)		B. Basis of Estimate (enter code in box provided)	C. Type of Treatment/Disposal (enter code in box provided)
	A.1 Reporting Ranges 0 1-499 500-999	A.2 Enter Estimate		
6.1. Discharge to POTW (enter location number from Part II, Section 1.) <input type="checkbox"/> 1 <input type="checkbox"/>	[] [] []		6.1. <input type="checkbox"/> b	
6.2. Other off-site location (enter location number from Part II, Section 2.) <input type="checkbox"/> 2 <input type="checkbox"/>	[] [] []		6.2. <input type="checkbox"/> b	6.2. <input type="checkbox"/> c M <input type="checkbox"/>
6.2. Other off-site location (enter location number from Part II, Section 2.) <input type="checkbox"/> 2 <input type="checkbox"/>	[] [] []		6.2. <input type="checkbox"/> b	6.2. <input type="checkbox"/> c M <input type="checkbox"/>
6.2. Other off-site location (enter location number from Part II, Section 2.) <input type="checkbox"/> 2 <input type="checkbox"/>	[] [] []		6.2. <input type="checkbox"/> b	6.2. <input type="checkbox"/> c M <input type="checkbox"/>

ADDITIONAL INFORMATION ON WASTE TREATMENT METHODS AND EFFICIENCY (Part III, Section 7)

A. General Wastestream (enter code in box provided)	B. Treatment Method (enter code in box provided)	C. Range of Influent Concentration (enter code)	D. Sequential Treatment? (check if applicable)	E. Treatment Efficiency Estimate	F. Based on Operating Data? Yes No
7. <input type="checkbox"/> a <input type="checkbox"/>	7. <input type="checkbox"/> b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7. <input type="checkbox"/> c <input type="checkbox"/>	7. <input type="checkbox"/> d []	7. <input type="checkbox"/> e %	7. <input type="checkbox"/> f [] []
7. <input type="checkbox"/> a <input type="checkbox"/>	7. <input type="checkbox"/> b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7. <input type="checkbox"/> c <input type="checkbox"/>	7. <input type="checkbox"/> d []	7. <input type="checkbox"/> e %	7. <input type="checkbox"/> f [] []
7. <input type="checkbox"/> a <input type="checkbox"/>	7. <input type="checkbox"/> b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7. <input type="checkbox"/> c <input type="checkbox"/>	7. <input type="checkbox"/> d []	7. <input type="checkbox"/> e %	7. <input type="checkbox"/> f [] []
7. <input type="checkbox"/> a <input type="checkbox"/>	7. <input type="checkbox"/> b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7. <input type="checkbox"/> c <input type="checkbox"/>	7. <input type="checkbox"/> d []	7. <input type="checkbox"/> e %	7. <input type="checkbox"/> f [] []
7. <input type="checkbox"/> a <input type="checkbox"/>	7. <input type="checkbox"/> b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7. <input type="checkbox"/> c <input type="checkbox"/>	7. <input type="checkbox"/> d []	7. <input type="checkbox"/> e %	7. <input type="checkbox"/> f [] []
7. <input type="checkbox"/> a <input type="checkbox"/>	7. <input type="checkbox"/> b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7. <input type="checkbox"/> c <input type="checkbox"/>	7. <input type="checkbox"/> d []	7. <input type="checkbox"/> e %	7. <input type="checkbox"/> f [] []
7. <input type="checkbox"/> a <input type="checkbox"/>	7. <input type="checkbox"/> b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7. <input type="checkbox"/> c <input type="checkbox"/>	7. <input type="checkbox"/> d []	7. <input type="checkbox"/> e %	7. <input type="checkbox"/> f [] []
7. <input type="checkbox"/> a <input type="checkbox"/>	7. <input type="checkbox"/> b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7. <input type="checkbox"/> c <input type="checkbox"/>	7. <input type="checkbox"/> d []	7. <input type="checkbox"/> e %	7. <input type="checkbox"/> f [] []
7. <input type="checkbox"/> a <input type="checkbox"/>	7. <input type="checkbox"/> b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7. <input type="checkbox"/> c <input type="checkbox"/>	7. <input type="checkbox"/> d []	7. <input type="checkbox"/> e %	7. <input type="checkbox"/> f [] []

(Important: Type or print; read instructions before completing form.)



U.S. Environmental Protection Agency

TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM

Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986, also known as Title III of the Superfund Amendments and Reauthorization Act

Public reporting burden for this collection of information is estimated to vary from 30 to 34 hours per response, with an average of 32 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Chief, Information Policy Branch (PM-223), US EPA, 401 M St., SW, Washington, D.C. 20460 Attn: TRI Burden and to the Office of Information and Regulatory Affairs, Office of Management and Budget Paperwork Reduction Project (2070-0093), Washington, D.C. 20503.

EPA FORM
RPART I.
FACILITY
IDENTIFICATION
INFORMATION

(This space for your optional use.)

Dibutyl Phthalate

1. 1.1 Are you claiming the chemical identity on page 3 trade secret? ☐ Yes (Answer question 1.2; Attach substantiation forms.) ☒ No (Do not answer 1.2; Go to question 1.3.)
- 1.2 If "Yes" in 1.1, is this copy: ☐ Sanitized ☐ Unsanitized
- 1.3 Reporting Year 19 89

2. CERTIFICATION (Read and sign after completing all sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official

James Gilbert Plant Manager

Signature

James Gilbert

Date signed

6-11-90

3. FACILITY IDENTIFICATION

3.1	Facility or Establishment Name		
	St	52162NRPLXMECOU	
	Cl	NORFLEX OAK NE COUNTY RD. POSTVILLE IA	
	St	52162	
	TRI Facility Identification Number		

WHERE TO SEND COMPLETED FORMS:

1. EPCRA REPORTING CENTER
P.O. BOX 23779
WASHINGTON, DC 20026-3779
ATTN: TOXIC CHEMICAL RELEASE INVENTORY
2. APPROPRIATE STATE OFFICE (See Instructions in Appendix G)

3.2	This report contains information for (Check only one): a. <input checked="" type="checkbox"/> An entire facility b. <input type="checkbox"/> Part of a facility.					
3.3	Technical Contact Thomas R. Sattler, Jr.				Telephone Number (Include area code) (319) 864-7321	
3.4	Public Contact James Gilbert				Telephone Number (Include area code) (319) 864-7321	
3.5	SIC Code (4 digit) a. 3079		b.	c.	d.	e.
3.6	Latitude Degrees Minutes Seconds 43 05 02			Longitude Degrees Minutes Seconds 91 33 13		
3.7	Dun & Bradstreet Number(s) a. 07-348-9288				b. 13-063-4082	
3.8	EPA Identification Number(s) (RCRA I.D. No.) a. IAD073489288				b.	
3.9	NPDES Permit Number(s) a. 60375101				b.	
3.10	Receiving Streams or Water Bodies (enter one name per box) a. Dry Run to Roberts Creek				b.	
	c.				d.	
	e.				f.	
3.11	Underground Injection Well Code (UIC) Identification Number(s) a. NA				b.	

4. PARENT COMPANY INFORMATION

4.1	Name of Parent Company Allied Signal	4.2	Parent Company's Dun & Bradstreet Number 13-969-1877
-----	---	-----	---



EPA FORM R

PART II. OFF-SITE LOCATIONS TO WHICH TOXIC
CHEMICALS ARE TRANSFERRED IN WASTES

(This space for your optional use.)

Dibutyl Phthalate

1. PUBLICLY OWNED TREATMENT WORKS (POTWs)

1.1 POTW name NA		1.2 POTW name	
Street Address		Street Address	
City	County	City	County
State	Zip	State	Zip

2. OTHER OFF-SITE LOCATIONS (DO NOT REPORT LOCATIONS TO WHICH WASTES ARE SENT ONLY FOR RECYCLING OR REUSE).

2.1 Off-site location name NA		2.2 Off-site location name	
EPA Identification Number (RCRA ID. No.)		EPA Identification Number (RCRA ID. No.)	
Street Address		Street Address	
City	County	City	County
State	Zip	State	Zip
Is location under control of reporting facility or parent company? [] Yes [] No		Is location under control of reporting facility or parent company? [] Yes [] No	

2.3 Off-site location name		2.4 Off-site location name	
EPA Identification Number (RCRA ID. No.)		EPA Identification Number (RCRA ID. No.)	
Street Address		Street Address	
City	County	City	County
State	Zip	State	Zip
Is location under control of reporting facility or parent company? [] Yes [] No		Is location under control of reporting facility or parent company? [] Yes [] No	
2.5 Off-site location name		2.6 Off-site location name	
EPA Identification Number (RCRA ID. No.)		EPA Identification Number (RCRA ID. No.)	
Street Address		Street Address	
City	County	City	County
State	Zip	State	Zip
Is location under control of reporting facility or parent company? [] Yes [] No		Is location under control of reporting facility or parent company? [] Yes [] No	
[] Check if additional pages of Part II are attached. How many? _____			



EPA FORM R

PART III. CHEMICAL-SPECIFIC INFORMATION

(This space for your optional use.)

Dibutyl Phthalate

1. CHEMICAL IDENTITY (Do not complete this section if you complete Section 2.)

1.1	(Reserved)
1.2	CAS Number (Enter only one number exactly as it appears on the 313 list. Enter NA if reporting a chemical category.) 84-74-2
1.3	Chemical or Chemical Category Name (Enter only one name exactly as it appears on the 313 list.) Dibutyl Phthalate
1.4	Generic Chemical Name (Complete only if Part I, Section 1.1 is checked "Yes." Generic name must be structurally descriptive.)

2. MIXTURE COMPONENT IDENTITY (Do not complete this section if you complete Section 1.)

Generic Chemical Name Provided by Supplier (Limit the name to a maximum of 70 characters (e.g., numbers, letters, spaces, punctuation).)

3. ACTIVITIES AND USES OF THE CHEMICAL AT THE FACILITY (Check all that apply.)

3.1	Manufacture the chemical: a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import	If produce or import: c. <input type="checkbox"/> For on-site use/processing e. <input type="checkbox"/> As a byproduct	d. <input type="checkbox"/> For sale/distribution f. <input type="checkbox"/> As an impurity
3.2	Process the chemical: a. <input type="checkbox"/> As a reactant d. <input type="checkbox"/> Repackaging only	b. <input type="checkbox"/> As a formulation component	o. <input checked="" type="checkbox"/> As an article component
3.3	Otherwise use the chemical: a. <input type="checkbox"/> As a chemical processing aid	b. <input type="checkbox"/> As a manufacturing aid	c. <input type="checkbox"/> Ancillary or other use

4. MAXIMUM AMOUNT OF THE CHEMICAL ON-SITE AT ANY TIME DURING THE CALENDAR YEAR

03 (enter code)

5. RELEASES OF THE CHEMICAL TO THE ENVIRONMENT ON-SITE

You may report releases of less than 1,000 pounds by checking ranges under A.1. (Do not use both A.1 and A.2)		A. Total Release (pounds/year)		B. Basis of Estimate (enter code)	C. % From Stormwater
		A.1 Reporting Ranges 0 1-499 500-999	A.2 Enter Estimate		
5.1 Fugitive or non-point air emissions	5.1a	[] [] []	NA	5.1b <input type="checkbox"/>	
5.2 Stack or point air emissions	5.2a	[] [] []	NA	5.2b <input type="checkbox"/>	
5.3 Discharges to receiving streams or water bodies 5.3.1 <input type="checkbox"/>	5.3.1a	[] [] []	NA	5.3.1b <input type="checkbox"/>	5.3.1c %
(Enter letter code for stream from Part I Section 3.10 in the box provided.) 5.3.2 <input type="checkbox"/>	5.3.2a	[] [] []	NA	5.3.2b <input type="checkbox"/>	5.3.2c %
5.3.3 <input type="checkbox"/>	5.3.3a	[] [] []	NA	5.3.3b <input type="checkbox"/>	5.3.3c %
5.4 Underground Injection on-site	5.4a	[] [] []	NA	5.4b <input type="checkbox"/>	
5.5 Releases to land on-site	5.5.1a	[] [] []	NA	5.5.1b <input type="checkbox"/>	
5.5.1 Landfill	5.5.2a	[] [] []	NA	5.5.2b <input type="checkbox"/>	
5.5.2 Land treatment/application farming	5.5.3a	[] [] []	NA	5.5.3b <input type="checkbox"/>	
5.5.3 Surface impoundment	5.5.4a	[] [] []	NA	5.5.4b <input type="checkbox"/>	
5.5.4 Other disposal					

[] (Check if additional information is provided on Part IV-Supplemental Information.)



EPA FORM R
PART III. CHEMICAL-SPECIFIC INFORMATION
 (continued)

(This space for your optional use.)

Dibutyl Phthalate

6. TRANSFERS OF THE CHEMICAL IN WASTE TO OFF-SITE LOCATIONS

You may report transfers of less than 1,000 pounds by checking ranges under A.1. (Do not use both A.1 and A.2)	A. Total Transfers (pounds/year)		B. Basis of Estimate (enter code)	C. Type of Treatment/Disposal (enter code)
	A.1 Reporting Ranges 0 1-499 500-999	A.2 Enter Estimate		
6.1.1 Discharge to POTW (enter location number from Part II, Section 1.) <input type="checkbox"/> 1 <input type="checkbox"/>	[] [] []	NA	6.1.1b <input type="checkbox"/>	
6.2.1 Other off-site location (enter location number from Part II, Section 2.) <input type="checkbox"/> 2 <input type="checkbox"/>	[] [] []	NA	6.2.1b <input type="checkbox"/>	6.2.1c <input type="checkbox"/> M <input type="checkbox"/>
6.2.2 Other off-site location (enter location number from Part II, Section 2.) <input type="checkbox"/> 2 <input type="checkbox"/>	[] [] []	NA	6.2.2b <input type="checkbox"/>	6.2.2c <input type="checkbox"/> M <input type="checkbox"/>
6.2.3 Other off-site location (enter location number from Part II, Section 2.) <input type="checkbox"/> 2 <input type="checkbox"/>	[] [] []	NA	6.2.3b <input type="checkbox"/>	6.2.3c <input type="checkbox"/> M <input type="checkbox"/>

[] (Check if additional information is provided on Part IV-Supplemental Information.)

7. WASTE TREATMENT METHODS AND EFFICIENCY

[X] Not Applicable (NA) - Check if no on-site treatment is applied to any wastestream containing the chemical or chemical category.

A. General Wastestream (enter code)	B. Treatment Method (enter code)	C. Range of Influent Concentration (enter code)	D. Sequential Treatment? (check if applicable)	E. Treatment Efficiency Estimate	F. Based on Operating Data? Yes No
7.1a <input type="checkbox"/>	7.1b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7.1c <input type="checkbox"/>	7.1d []	7.1e %	7.1f [] []
7.2a <input type="checkbox"/>	7.2b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7.2c <input type="checkbox"/>	7.2d []	7.2e %	7.2f [] []
7.3a <input type="checkbox"/>	7.3b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7.3c <input type="checkbox"/>	7.3d []	7.3e %	7.3f [] []
7.4a <input type="checkbox"/>	7.4b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7.4c <input type="checkbox"/>	7.4d []	7.4e %	7.4f [] []
7.5a <input type="checkbox"/>	7.5b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7.5c <input type="checkbox"/>	7.5d []	7.5e %	7.5f [] []
7.6a <input type="checkbox"/>	7.6b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7.6c <input type="checkbox"/>	7.6d []	7.6e %	7.6f [] []
7.7a <input type="checkbox"/>	7.7b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7.7c <input type="checkbox"/>	7.7d []	7.7e %	7.7f [] []
7.8a <input type="checkbox"/>	7.8b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7.8c <input type="checkbox"/>	7.8d []	7.8e %	7.8f [] []
7.9a <input type="checkbox"/>	7.9b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7.9c <input type="checkbox"/>	7.9d []	7.9e %	7.9f [] []
7.10a <input type="checkbox"/>	7.10b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7.10c <input type="checkbox"/>	7.10d []	7.10e %	7.10f [] []

[] (Check if additional information is provided on Part IV-Supplemental Information.)

8. POLLUTION PREVENTION: OPTIONAL INFORMATION ON WASTE MINIMIZATION

(Indicate actions taken to reduce the amount of the chemical being released from the facility. See the instructions for coded items and an explanation of what information to include.)

A. Type of Modification (enter code)	B. Quantity of the Chemical in Wastes Prior to Treatment or Disposal		C. Index	D. Reason for Action (enter code)
<input type="checkbox"/> M <input type="checkbox"/>	Current reporting year (pounds/year)	Prior year (pounds/year)	Or percent change (Check (+) or (-)) <input type="checkbox"/> + <input type="checkbox"/> - %	<input type="checkbox"/> R <input type="checkbox"/>



EPA FORM R PART IV. SUPPLEMENTAL INFORMATION

Use this section if you need additional space for answers to questions in Part III.
 Number the lines used sequentially from lines in prior sections (e.g., 5.3.4, 6.1.2, 7.11)

(This space for your optional use.)

NA

ADDITIONAL INFORMATION ON RELEASES OF THE CHEMICAL TO THE ENVIRONMENT ON-SITE (Part III, Section 5.3)

You may report releases of less than 1,000 pounds by checking ranges under A.1. (Do not use both A.1 and A.2)	A. Total Release (pounds/year)		B. Basis of Estimate (enter code in box provided)	C. % From Stormwater
	A.1 Reporting Ranges 0 1-499 500-999	A.2 Enter Estimate		
5.3 Discharges to receiving streams or water bodies 5.3. <input type="checkbox"/> 5.3. <input type="checkbox"/> a [] [] []			5.3. <input type="checkbox"/> b <input type="checkbox"/>	5.3. <input type="checkbox"/> c %
(Enter letter code for stream from Part I Section 3.10 in the box provided.) 5.3. <input type="checkbox"/> 5.3. <input type="checkbox"/> a [] [] []			5.3. <input type="checkbox"/> b <input type="checkbox"/>	5.3. <input type="checkbox"/> c %
5.3. <input type="checkbox"/> 5.3. <input type="checkbox"/> a [] [] []			5.3. <input type="checkbox"/> b <input type="checkbox"/>	5.3. <input type="checkbox"/> c %

ADDITIONAL INFORMATION ON TRANSFERS OF THE CHEMICAL IN WASTE TO OFF-SITE LOCATIONS (Part III, Section 6)

You may report transfers of less than 1,000 pounds by checking ranges under A.1. (Do not use both A.1 and A.2)	A. Total Transfers (pounds/year)		B. Basis of Estimate (enter code in box provided)	C. Type of Treatment/Disposal (enter code in box provided)
	A.1 Reporting Ranges 0 1-499 500-999	A.2 Enter Estimate		
6.1. Discharge to POTW (enter location number from Part II, Section 1.) <input type="checkbox"/> 1 <input type="checkbox"/> [] [] []			6.1. <input type="checkbox"/> b <input type="checkbox"/>	
6.2. Other off-site location (enter location number from Part II, Section 2.) <input type="checkbox"/> 2 <input type="checkbox"/> [] [] []			6.2. <input type="checkbox"/> b <input type="checkbox"/>	6.2. <input type="checkbox"/> c M <input type="checkbox"/> <input type="checkbox"/>
6.2. Other off-site location (enter location number from Part II, Section 2.) <input type="checkbox"/> 2 <input type="checkbox"/> [] [] []			6.2. <input type="checkbox"/> b <input type="checkbox"/>	6.2. <input type="checkbox"/> c M <input type="checkbox"/> <input type="checkbox"/>
6.2. Other off-site location (enter location number from Part II, Section 2.) <input type="checkbox"/> 2 <input type="checkbox"/> [] [] []			6.2. <input type="checkbox"/> b <input type="checkbox"/>	6.2. <input type="checkbox"/> c M <input type="checkbox"/> <input type="checkbox"/>

ADDITIONAL INFORMATION ON WASTE TREATMENT METHODS AND EFFICIENCY (Part III, Section 7)

A. General Wastestream (enter code in box provided)	B. Treatment Method (enter code in box provided)	C. Range of Influent Concentration (enter code)	D. Sequential Treatment? (check if applicable)	E. Treatment Efficiency Estimate	F. Based on Operating Data? Yes No
7. <input type="checkbox"/> a <input type="checkbox"/>	7. <input type="checkbox"/> b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7. <input type="checkbox"/> c <input type="checkbox"/>	7. <input type="checkbox"/> d []	7. <input type="checkbox"/> e %	7. <input type="checkbox"/> f [] []
7. <input type="checkbox"/> a <input type="checkbox"/>	7. <input type="checkbox"/> b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7. <input type="checkbox"/> c <input type="checkbox"/>	7. <input type="checkbox"/> d []	7. <input type="checkbox"/> e %	7. <input type="checkbox"/> f [] []
7. <input type="checkbox"/> a <input type="checkbox"/>	7. <input type="checkbox"/> b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7. <input type="checkbox"/> c <input type="checkbox"/>	7. <input type="checkbox"/> d []	7. <input type="checkbox"/> e %	7. <input type="checkbox"/> f [] []
7. <input type="checkbox"/> a <input type="checkbox"/>	7. <input type="checkbox"/> b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7. <input type="checkbox"/> c <input type="checkbox"/>	7. <input type="checkbox"/> d []	7. <input type="checkbox"/> e %	7. <input type="checkbox"/> f [] []
7. <input type="checkbox"/> a <input type="checkbox"/>	7. <input type="checkbox"/> b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7. <input type="checkbox"/> c <input type="checkbox"/>	7. <input type="checkbox"/> d []	7. <input type="checkbox"/> e %	7. <input type="checkbox"/> f [] []
7. <input type="checkbox"/> a <input type="checkbox"/>	7. <input type="checkbox"/> b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7. <input type="checkbox"/> c <input type="checkbox"/>	7. <input type="checkbox"/> d []	7. <input type="checkbox"/> e %	7. <input type="checkbox"/> f [] []
7. <input type="checkbox"/> a <input type="checkbox"/>	7. <input type="checkbox"/> b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7. <input type="checkbox"/> c <input type="checkbox"/>	7. <input type="checkbox"/> d []	7. <input type="checkbox"/> e %	7. <input type="checkbox"/> f [] []
7. <input type="checkbox"/> a <input type="checkbox"/>	7. <input type="checkbox"/> b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7. <input type="checkbox"/> c <input type="checkbox"/>	7. <input type="checkbox"/> d []	7. <input type="checkbox"/> e %	7. <input type="checkbox"/> f [] []
7. <input type="checkbox"/> a <input type="checkbox"/>	7. <input type="checkbox"/> b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7. <input type="checkbox"/> c <input type="checkbox"/>	7. <input type="checkbox"/> d []	7. <input type="checkbox"/> e %	7. <input type="checkbox"/> f [] []

(Important: Type or print; read instructions before completing form.)



U.S. Environmental Protection Agency

TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORMSection 313 of the Emergency Planning and Community Right-to-Know Act of 1986,
also known as Title III of the Superfund Amendments and Reauthorization Act

EPA FORM

R**PART I.
FACILITY
IDENTIFICATION
INFORMATION**

(This space for your optional use.)

Toluene

Public reporting burden for this collection of information is estimated to vary from 30 to 34 hours per response, with an average of 32 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Chief, Information Policy Branch (PM-223), US EPA, 401 M St., SW, Washington, D.C. 20460 Attn: TRI Burden and to the Office of Information and Regulatory Affairs, Office of Management and Budget Paperwork Reduction Project (2070-0093), Washington, D.C. 20603.

1.	1.1 Are you claiming the chemical identity on page 3 trade secret? [] Yes (Answer question 1.2; Attach substantiation forms.) [X] No (Do not answer 1.2; Go to question 1.3.)	1.2 If "Yes" in 1.1, is this copy: [] Sanitized [] Unsanitized	1.3 Reporting Year 19 89
----	---	---	-----------------------------

2. CERTIFICATION (Read and sign after completing all sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official

James Gilbert Plant Manager

Signature

James Gilbert

Date signed

6-11-90

3. FACILITY IDENTIFICATION

Facility or Establishment Name

3.1

SI 52162NRPLXHECDU
NORPLEX OAK
NE COUNTY RD.
POSTVILLE IA

52162

SI

TRI Facility Identification Number

WHERE TO SEND COMPLETED FORMS:

1. EPCRA REPORTING CENTER
P.O. BOX 23778
WASHINGTON, DC 20026-3779
ATTN: TOXIC CHEMICAL RELEASE INVENTORY
2. APPROPRIATE STATE OFFICE (See Instructions in Appendix G)

3.2	This report contains information for (Check only one): a. [X] An entire facility b. [] Part of a facility.	
-----	--	--

3.3	Technical Contact Thomas R. Sattler, Jr.	Telephone Number (Include area code) (319) 864-7321
-----	---	--

3.4	Public Contact James Gilbert	Telephone Number (Include area code) (319) 864-7321
-----	---------------------------------	--

3.5	SIC Code (4 digit) a. 3079 b. c. d. e. f.
-----	--

3.6	Latitude Degrees Minutes Seconds 43 05 02			Longitude Degrees Minutes Seconds 91 33 13		
-----	---	--	--	--	--	--

3.7	Dun & Bradstreet Number(s) a. 07-348-9288 b. 13-063-4082
-----	---

3.8	EPA Identification Number(s) (RCRA I.D. No.) a. IAD073489288 b.
-----	--

3.9	NPDES Permit Number(s) a. 60375101 b.
-----	--

3.10	Receiving Streams or Water Bodies (enter one name per box) a. Dry Run to Roberts Creek b. c. d. e. f.
------	--

3.11	Underground Injection Well Code (UIC) Identification Number(s) a. NA b.
------	--

4. PARENT COMPANY INFORMATION

4.1	Name of Parent Company Allied Signal	4.2	Parent Company's Dun & Bradstreet Number 13-969-1877
-----	---	-----	---



EPA FORM R
PART II. OFF-SITE LOCATIONS TO WHICH TOXIC
CHEMICALS ARE TRANSFERRED IN WASTES

(This space for your optional use.)

Toluene

1. PUBLICLY OWNED TREATMENT WORKS (POTWs)

1.1 POTW name NA		1.2 POTW name	
Street Address		Street Address	
City	County	City	County
State	Zip	State	Zip

2. OTHER OFF-SITE LOCATIONS (DO NOT REPORT LOCATIONS TO WHICH WASTES ARE SENT ONLY FOR RECYCLING OR REUSE).

2.1 Off-site location name NA		2.2 Off-site location name	
EPA Identification Number (RCRA ID. No.)		EPA Identification Number (RCRA ID. No.)	
Street Address		Street Address	
City	County	City	County
State	Zip	State	Zip
Is location under control of reporting facility or parent company? [] Yes [] No		Is location under control of reporting facility or parent company? [] Yes [] No	

2.3 Off-site location name		2.4 Off-site location name	
EPA Identification Number (RCRA ID. No.)		EPA Identification Number (RCRA ID. No.)	
Street Address		Street Address	
City	County	City	County
State	Zip	State	Zip
Is location under control of reporting facility or parent company? [] Yes [] No		Is location under control of reporting facility or parent company? [] Yes [] No	

2.5 Off-site location name		2.6 Off-site location name	
EPA Identification Number (RCRA ID. No.)		EPA Identification Number (RCRA ID. No.)	
Street Address		Street Address	
City	County	City	County
State	Zip	State	Zip
Is location under control of reporting facility or parent company? [] Yes [] No		Is location under control of reporting facility or parent company? [] Yes [] No	

[] Check if additional pages of Part II are attached. How many? _____



EPA FORM R
PART III. CHEMICAL-SPECIFIC INFORMATION

(This space for your optional use.)

Toluene

1. CHEMICAL IDENTITY (Do not complete this section if you complete Section 2.)

1.1	[Reserved]
1.2	CAS Number (Enter only one number exactly as it appears on the 313 list. Enter NA if reporting a chemical category.) 108-88-3
1.3	Chemical or Chemical Category Name (Enter only one name exactly as it appears on the 313 list.) Toluene
1.4	Generic Chemical Name (Complete only if Part I, Section 1.1 is checked "Yes." Generic name must be structurally descriptive.)

2.	MIXTURE COMPONENT IDENTITY (Do not complete this section if you complete Section 1.) Generic Chemical Name Provided by Supplier (Limit the name to a maximum of 70 characters (e.g., numbers, letters, spaces, punctuation).)
----	---

3. ACTIVITIES AND USES OF THE CHEMICAL AT THE FACILITY (Check all that apply.)			
3.1	Manufacture the chemical: a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import	If produce or import: c. <input type="checkbox"/> For on-site use/processing e. <input type="checkbox"/> As a byproduct	d. <input type="checkbox"/> For sale/distribution f. <input type="checkbox"/> As an impurity
3.2	Process the chemical: a. <input type="checkbox"/> As a reactant d. <input type="checkbox"/> Repackaging only	b. <input type="checkbox"/> As a formulation component	g. <input checked="" type="checkbox"/> As an article component
3.3	Otherwise use the chemical: a. <input checked="" type="checkbox"/> As a chemical processing aid	b. <input type="checkbox"/> As a manufacturing aid	h. <input type="checkbox"/> Ancillary or other use

4. MAXIMUM AMOUNT OF THE CHEMICAL ON-SITE AT ANY TIME DURING THE CALENDAR YEAR	
05 (enter code)	

5. RELEASES OF THE CHEMICAL TO THE ENVIRONMENT ON-SITE		A. Total Release (pounds/year)		B. Basis of Estimate	C. % From Stormwater
You may report releases of less than 1,000 pounds by checking ranges under A.1. (Do not use both A.1 and A.2)		A.1 Reporting Ranges 0 1-499 500-999	A.2 Enter Estimate	(enter code)	
5.1 Fugitive or non-point air emissions	5.1a	[] [] []	31462	5.1b <input checked="" type="checkbox"/> M	
5.2 Stack or point air emissions	5.2a	[] [] []	189511	5.2b <input checked="" type="checkbox"/> C	
5.3 Discharges to receiving streams or water bodies	5.3.1 <input type="checkbox"/>	5.3.1a [] [] []	NA	5.3.1b <input type="checkbox"/>	5.3.1c %
(Enter letter code for stream from Part I Section 3.10 in the box provided.)	5.3.2 <input type="checkbox"/>	5.3.2a [] [] []	NA	5.3.2b <input type="checkbox"/>	5.3.2c %
	5.3.3 <input type="checkbox"/>	5.3.3a [] [] []	NA	5.3.3b <input type="checkbox"/>	5.3.3c %
5.4 Underground Injection on-site	5.4a	[] [] []	NA	5.4b <input type="checkbox"/>	
5.5 Releases to land on-site					
5.5.1 Landfill	5.5.1a	[] [] []	NA	5.5.1b <input type="checkbox"/>	
5.5.2 Land treatment/application farming	5.5.2a	[] [] []	NA	5.5.2b <input type="checkbox"/>	
5.5.3 Surface impoundment	5.5.3a	[] [] []	NA	5.5.3b <input type="checkbox"/>	
5.5.4 Other disposal	5.5.4a	[] [] []	NA	5.5.4b <input type="checkbox"/>	

[] (Check if additional information is provided on Part IV-Supplemental Information.)



EPA FORM R

PART III. CHEMICAL-SPECIFIC INFORMATION
(continued)

(This space for your optional use.)

Toluene

6. TRANSFERS OF THE CHEMICAL IN WASTE TO OFF-SITE LOCATIONS

You may report transfers of less than 1,000 pounds by checking ranges under A.1. (Do not use both A.1 and A.2)	A. Total Transfers (pounds/year)		B. Basis of Estimate (enter code)	C. Type of Treatment/Disposal (enter code)
	A.1 Reporting Ranges 0 1-499 500-999	A.2 Enter Estimate		
6.1.1 Discharge to POTW (enter location number from Part II, Section 1.) <input type="checkbox"/> 1 <input type="checkbox"/>	[] [] []	NA	6.1.1b <input type="checkbox"/>	
6.2.1 Other off-site location (enter location number from Part II, Section 2.) <input type="checkbox"/> 2 <input type="checkbox"/>	[] [] []	NA	6.2.1b <input type="checkbox"/>	6.2.1c <input type="checkbox"/> M <input type="checkbox"/>
6.2.2 Other off-site location (enter location number from Part II, Section 2.) <input type="checkbox"/> 2 <input type="checkbox"/>	[] [] []	NA	6.2.2b <input type="checkbox"/>	6.2.2c <input type="checkbox"/> M <input type="checkbox"/>
6.2.3 Other off-site location (enter location number from Part II, Section 2.) <input type="checkbox"/> 2 <input type="checkbox"/>	[] [] []	NA	6.2.3b <input type="checkbox"/>	6.2.3c <input type="checkbox"/> M <input type="checkbox"/>

☐ (Check If additional information is provided on Part IV-Supplemental Information.)

7. WASTE TREATMENT METHODS AND EFFICIENCY

☐ Not Applicable (NA) - Check If no on-site treatment is applied to any wastestream containing the chemical or chemical category.

A. General Wastestream (enter code)	B. Treatment Method (enter code)	C. Range of Influent Concentration (enter code)	D. Sequential Treatment? (check If applicable)	E. Treatment Efficiency Estimate	F. Based on Operating Data? Yes No
7.1a <input type="checkbox"/> L	7.1b <input type="checkbox"/> R <input type="checkbox"/> 1 <input type="checkbox"/> 1	7.1c <input type="checkbox"/> 1	7.1d []	7.1e 99 %	7.1f [] [X]
7.2a <input type="checkbox"/>	7.2b <input type="checkbox"/>	7.2c <input type="checkbox"/>	7.2d []	7.2e %	7.2f [] []
7.3a <input type="checkbox"/>	7.3b <input type="checkbox"/>	7.3c <input type="checkbox"/>	7.3d []	7.3e %	7.3f [] []
7.4a <input type="checkbox"/>	7.4b <input type="checkbox"/>	7.4c <input type="checkbox"/>	7.4d []	7.4e %	7.4f [] []
7.5a <input type="checkbox"/>	7.5b <input type="checkbox"/>	7.5c <input type="checkbox"/>	7.5d []	7.5e %	7.5f [] []
7.6a <input type="checkbox"/>	7.6b <input type="checkbox"/>	7.6c <input type="checkbox"/>	7.6d []	7.6e %	7.6f [] []
7.7a <input type="checkbox"/>	7.7b <input type="checkbox"/>	7.7c <input type="checkbox"/>	7.7d []	7.7e %	7.7f [] []
7.8a <input type="checkbox"/>	7.8b <input type="checkbox"/>	7.8c <input type="checkbox"/>	7.8d []	7.8e %	7.8f [] []
7.9a <input type="checkbox"/>	7.9b <input type="checkbox"/>	7.9c <input type="checkbox"/>	7.9d []	7.9e %	7.9f [] []
7.10a <input type="checkbox"/>	7.10b <input type="checkbox"/>	7.10c <input type="checkbox"/>	7.10d []	7.10e %	7.10f [] []

☐ (Check If additional information is provided on Part IV-Supplemental Information.)

8. POLLUTION PREVENTION: OPTIONAL INFORMATION ON WASTE MINIMIZATION

(Indicate actions taken to reduce the amount of the chemical being released from the facility. See the instructions for coded items and an explanation of what information to include.)

A. Type of Modification (enter code)	B. Quantity of the Chemical in Wastes Prior to Treatment or Disposal		C. Index	D. Reason for Action (enter code)
<input type="checkbox"/> M <input type="checkbox"/> 1	Current reporting year (pounds/year)	Prior year (pounds/year)	Or percent change (Check (+) or (-))	
	220973	389896	<input checked="" type="checkbox"/> - 43.3 %	<input type="checkbox"/> R <input type="checkbox"/> 2



EPA FORM R PART IV. SUPPLEMENTAL INFORMATION

Use this section if you need additional space for answers to questions in Part III.
 Number the lines used sequentially from lines in prior sections (e.g., 5.3.4, 6.1.2, 7.11)

(This space for your optional use.)

NA

ADDITIONAL INFORMATION ON RELEASES OF THE CHEMICAL TO THE ENVIRONMENT ON-SITE (Part III, Section 5.3)

You may report releases of less than 1,000 pounds by checking ranges under A.1. (Do not use both A.1 and A.2)	A. Total Release (pounds/year)		B. Basis of Estimate (enter code in box provided)	C. % From Stormwater
	A.1 Reporting Ranges 0 1-499 500-999	A.2 Enter Estimate		
5.3 Discharges to receiving streams or water bodies 5.3. <input type="checkbox"/>	5.3. <input type="checkbox"/> a [] [] []		5.3. <input type="checkbox"/> b	5.3. <input type="checkbox"/> c %
(Enter letter code for stream from Part I Section 3.10 in the box provided.) 5.3. <input type="checkbox"/>	5.3. <input type="checkbox"/> a [] [] []		5.3. <input type="checkbox"/> b	5.3. <input type="checkbox"/> c %
5.3. <input type="checkbox"/>	5.3. <input type="checkbox"/> a [] [] []		5.3. <input type="checkbox"/> b	5.3. <input type="checkbox"/> c %

ADDITIONAL INFORMATION ON TRANSFERS OF THE CHEMICAL IN WASTE TO OFF-SITE LOCATIONS (Part III, Section 6)

You may report transfers of less than 1,000 pounds by checking ranges under A.1. (Do not use both A.1 and A.2)	A. Total Transfers (pounds/year)		B. Basis of Estimate (enter code in box provided)	C. Type of Treatment/Disposal (enter code in box provided)
	A.1 Reporting Ranges 0 1-499 500-999	A.2 Enter Estimate		
6.1. Discharge to POTW (enter location number from Part II, Section 1.) <input type="checkbox"/>	[] [] []		6.1. <input type="checkbox"/> b	
6.2. Other off-site location (enter location number from Part II, Section 2.) <input type="checkbox"/>	[] [] []		6.2. <input type="checkbox"/> b	6.2. <input type="checkbox"/> c M <input type="checkbox"/>
6.2. Other off-site location (enter location number from Part II, Section 2.) <input type="checkbox"/>	[] [] []		6.2. <input type="checkbox"/> b	6.2. <input type="checkbox"/> c M <input type="checkbox"/>
6.2. Other off-site location (enter location number from Part II, Section 2.) <input type="checkbox"/>	[] [] []		6.2. <input type="checkbox"/> b	6.2. <input type="checkbox"/> c M <input type="checkbox"/>

ADDITIONAL INFORMATION ON WASTE TREATMENT METHODS AND EFFICIENCY (Part III, Section 7)

A. General Wastestream (enter code in box provided)	B. Treatment Method (enter code in box provided)	C. Range of Influent Concentration (enter code)	D. Sequential Treatment? (check if applicable)	E. Treatment Efficiency Estimate	F. Based on Operating Data?	
					Yes	No
7. <input type="checkbox"/> a	7. <input type="checkbox"/> b	7. <input type="checkbox"/> c	7. <input type="checkbox"/> d []	7. <input type="checkbox"/> e %	7. <input type="checkbox"/> f []	[]
7. <input type="checkbox"/> a	7. <input type="checkbox"/> b	7. <input type="checkbox"/> c	7. <input type="checkbox"/> d []	7. <input type="checkbox"/> e %	7. <input type="checkbox"/> f []	[]
7. <input type="checkbox"/> a	7. <input type="checkbox"/> b	7. <input type="checkbox"/> c	7. <input type="checkbox"/> d []	7. <input type="checkbox"/> e %	7. <input type="checkbox"/> f []	[]
7. <input type="checkbox"/> a	7. <input type="checkbox"/> b	7. <input type="checkbox"/> c	7. <input type="checkbox"/> d []	7. <input type="checkbox"/> e %	7. <input type="checkbox"/> f []	[]
7. <input type="checkbox"/> a	7. <input type="checkbox"/> b	7. <input type="checkbox"/> c	7. <input type="checkbox"/> d []	7. <input type="checkbox"/> e %	7. <input type="checkbox"/> f []	[]
7. <input type="checkbox"/> a	7. <input type="checkbox"/> b	7. <input type="checkbox"/> c	7. <input type="checkbox"/> d []	7. <input type="checkbox"/> e %	7. <input type="checkbox"/> f []	[]
7. <input type="checkbox"/> a	7. <input type="checkbox"/> b	7. <input type="checkbox"/> c	7. <input type="checkbox"/> d []	7. <input type="checkbox"/> e %	7. <input type="checkbox"/> f []	[]
7. <input type="checkbox"/> a	7. <input type="checkbox"/> b	7. <input type="checkbox"/> c	7. <input type="checkbox"/> d []	7. <input type="checkbox"/> e %	7. <input type="checkbox"/> f []	[]
7. <input type="checkbox"/> a	7. <input type="checkbox"/> b	7. <input type="checkbox"/> c	7. <input type="checkbox"/> d []	7. <input type="checkbox"/> e %	7. <input type="checkbox"/> f []	[]

(Important: Type or print; read instructions before completing form.)



U.S. Environmental Protection Agency

TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM

Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986, also known as Title III of the Superfund Amendments and Reauthorization Act

EPA FORM

R**PART I.
FACILITY
IDENTIFICATION
INFORMATION**

(This space for your optional use.)

Sant. 160

Public reporting burden for this collection of information is estimated to vary from 30 to 34 hours per response, with an average of 32 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Chief, Information Policy Branch (PM-223), US EPA, 401 M St., SW, Washington, D.C. 20460 Attn: TRI Burden and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (2070-0093), Washington, D.C. 20503.

1.	1.1 Are you claiming the chemical identity on page 3 trade secret? [] Yes (Answer question 1.2; Attach substantiation forms.) [X] No (Do not answer 1.2; Go to question 1.3.)	1.2 If "Yes" in 1.1, is this copy: [] Sanitized [] Unsanitized	1.3 Reporting Year 19 89
----	---	---	-----------------------------

2. CERTIFICATION (Read and sign after completing all sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official

James Gilbert Plant Manager

Signature

James Gilbert

Date signed

6-11-90

3. FACILITY IDENTIFICATION

Facility or Establishment Name

St 52162NRPLXMECOU
NORPLEX OAK
NE COUNTY RD.
POSTVILLE IA

52162

St

TRI Facility Identification Number

WHERE TO SEND COMPLETED FORMS:**1. EPCRA REPORTING CENTER**

P.O. BOX 23779

WASHINGTON, DC 20026-3779

ATTN: TOXIC CHEMICAL RELEASE INVENTORY

2. APPROPRIATE STATE OFFICE (See Instructions in Appendix G)

3.2	This report contains information for (Check only one): a. [X] An entire facility b. [] Part of a facility.					
3.3	Technical Contact Thomas R. Sattler, Jr.				Telephone Number (Include area code) (319) 864-7321	
3.4	Public Contact James Gilbert				Telephone Number (Include area code) (319) 864-7321	
3.5	SIC Code (4 digit) a. 3079	b.	c.	d.	e.	f.
3.6	Latitude Degrees Minutes Seconds 43 05 02			Longitude Degrees Minutes Seconds 91 33 13		
3.7	Dun & Bradstreet Number(s) a. 07-348-9288				b. 13-063-4082	
3.8	EPA Identification Number(s) (RCRA I.D. No.) a. IAD073489288				b.	
3.9	NPDES Permit Number(s) a. 60375101				b.	
3.10	Receiving Streams or Water Bodies (enter one name per box) a. Dry Run to Roberts Creek				b.	
	c.				d.	
	e.				f.	
3.11	Underground Injection Well Code (UIC) Identification Number(s) a. NA				b.	

4. PARENT COMPANY INFORMATION

4.1	Name of Parent Company Allied Signal	4.2	Parent Company's Dun & Bradstreet Number 13-969-1877
-----	---	-----	---



(Important: Type or print; read instructions before completing form.)

Page 2 of 5



EPA FORM R
PART II. OFF-SITE LOCATIONS TO WHICH TOXIC
CHEMICALS ARE TRANSFERRED IN WASTES

(This space for your optional use.)

Sant. 160

1. PUBLICLY OWNED TREATMENT WORKS (POTWs)

1.1 POTW name NA		1.2 POTW name	
Street Address		Street Address	
City	County	City	County
State	Zip	State	Zip

2. OTHER OFF-SITE LOCATIONS (DO NOT REPORT LOCATIONS TO WHICH WASTES ARE SENT ONLY FOR RECYCLING OR REUSE).

2.1 Off-site location name NA		2.2 Off-site location name	
EPA Identification Number (RCRA ID. No.)		EPA Identification Number (RCRA ID. No.)	
Street Address		Street Address	
City	County	City	County
State	Zip	State	Zip
Is location under control of reporting facility or parent company? [] Yes [] No		Is location under control of reporting facility or parent company? [] Yes [] No	

2.3 Off-site location name		2.4 Off-site location name	
EPA Identification Number (RCRA ID. No.)		EPA Identification Number (RCRA ID. No.)	
Street Address		Street Address	
City	County	City	County
State	Zip	State	Zip
Is location under control of reporting facility or parent company? [] Yes [] No		Is location under control of reporting facility or parent company? [] Yes [] No	
2.5 Off-site location name		2.6 Off-site location name	
EPA Identification Number (RCRA ID. No.)		EPA Identification Number (RCRA ID. No.)	
Street Address		Street Address	
City	County	City	County
State	Zip	State	Zip
Is location under control of reporting facility or parent company? [] Yes [] No		Is location under control of reporting facility or parent company? [] Yes [] No	

[] Check if additional pages of Part II are attached. How many? _____



EPA FORM R

PART III. CHEMICAL-SPECIFIC INFORMATION

(This space for your optional use.)

Sant. 160

1. CHEMICAL IDENTITY (Do not complete this section if you complete Section 2.)

1.1	(Reserved)
1.2	CAS Number (Enter only one number exactly as it appears on the 313 list. Enter NA if reporting a chemical category.) 85-68-7
1.3	Chemical or Chemical Category Name (Enter only one name exactly as it appears on the 313 list.) Butyl Benzyl Phthalate
1.4	Generic Chemical Name (Complete only if Part I, Section 1.1 is checked "Yes." Generic name must be structurally descriptive.)

2. MIXTURE COMPONENT IDENTITY (Do not complete this section if you complete Section 1.)

2.	Generic Chemical Name Provided by Supplier (Limit the name to a maximum of 70 characters (e.g., numbers, letters, spaces, punctuation).)
----	--

3. ACTIVITIES AND USES OF THE CHEMICAL AT THE FACILITY (Check all that apply.)

3.1	Manufacture the chemical: a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import	If produce or import: c. <input type="checkbox"/> For on-site use/processing e. <input type="checkbox"/> As a byproduct	d. <input type="checkbox"/> For sale/distribution f. <input type="checkbox"/> As an impurity
3.2	Process the chemical: a. <input type="checkbox"/> As a reactant d. <input type="checkbox"/> Repackaging only	b. <input type="checkbox"/> As a formulation component	c. <input checked="" type="checkbox"/> As an article component
3.3	Otherwise use the chemical: a. <input type="checkbox"/> As a chemical processing aid	b. <input type="checkbox"/> As a manufacturing aid	c. <input type="checkbox"/> Ancillary or other use

4. MAXIMUM AMOUNT OF THE CHEMICAL ON-SITE AT ANY TIME DURING THE CALENDAR YEAR

05	(enter code)
----	--------------

5. RELEASES OF THE CHEMICAL TO THE ENVIRONMENT ON-SITE

		A. Total Release (pounds/year)		B. Basis of Estimate (enter code)	C. % From Stormwater
		A.1 Reporting Ranges 0 1-99 500-999	A.2 Enter Estimate		
5.1 Fugitive or non-point air emissions	5.1a	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	NA	5.1b <input type="checkbox"/>	
5.2 Stack or point air emissions	5.2a	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	.01	5.2b <input type="checkbox"/>	
5.3 Discharges to receiving streams or water bodies	5.3.1 <input type="checkbox"/>	5.3.1a <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	NA	5.3.1b <input type="checkbox"/>	5.3.1c %
(Enter letter code for stream from Part I Section 3.10 in the box provided.)	5.3.2 <input type="checkbox"/>	5.3.2a <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	NA	5.3.2b <input type="checkbox"/>	5.3.2c %
	5.3.3 <input type="checkbox"/>	5.3.3a <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	NA	5.3.3b <input type="checkbox"/>	5.3.3c %
5.4 Underground Injection on-site	5.4a	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	NA	5.4b <input type="checkbox"/>	
5.5 Releases to land on-site	5.5.1a	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	NA	5.5.1b <input type="checkbox"/>	
5.5.1 Landfill	5.5.2a	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	NA	5.5.2b <input type="checkbox"/>	
5.5.2 Land treatment/application farming	5.5.3a	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	NA	5.5.3b <input type="checkbox"/>	
5.5.3 Surface impoundment	5.5.4a	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	NA	5.5.4b <input type="checkbox"/>	
5.5.4 Other disposal					

[] (Check if additional information is provided on Part IV-Supplemental Information.)



EPA FORM R

PART III. CHEMICAL-SPECIFIC INFORMATION
(continued)

(This space for your optional use.)

Sant. 160

6. TRANSFERS OF THE CHEMICAL IN WASTE TO OFF-SITE LOCATIONS

You may report transfers of less than 1,000 pounds by checking ranges under A.1. (Do not use both A.1 and A.2)	A. Total Transfers (pounds/year)		B. Basis of Estimate (enter code)	C. Type of Treatment/Disposal (enter code)
	A.1 Reporting Ranges 0 1-499 500-999	A.2 Enter Estimate		
6.1.1 Discharge to POTW (enter location number from Part II, Section 1.) <input type="checkbox"/> 1 <input type="checkbox"/>	[] [] []	NA	6.1.1b <input type="checkbox"/>	
6.2.1 Other off-site location (enter location number from Part II, Section 2.) <input type="checkbox"/> 2 <input type="checkbox"/>	[] [] []	NA	6.2.1b <input type="checkbox"/>	6.2.1c <input type="checkbox"/> M <input type="checkbox"/>
6.2.2 Other off-site location (enter location number from Part II, Section 2.) <input type="checkbox"/> 2 <input type="checkbox"/>	[] [] []	NA	6.2.2b <input type="checkbox"/>	6.2.2c <input type="checkbox"/> M <input type="checkbox"/>
6.2.3 Other off-site location (enter location number from Part II, Section 2.) <input type="checkbox"/> 2 <input type="checkbox"/>	[] [] []	NA	6.2.3b <input type="checkbox"/>	6.2.3c <input type="checkbox"/> M <input type="checkbox"/>

☐ (Check if additional information is provided on Part IV-Supplemental Information.)

7. WASTE TREATMENT METHODS AND EFFICIENCY

☒ Not Applicable (NA) - Check if no on-site treatment is applied to any wastestream containing the chemical or chemical category.

A. General Wastestream (enter code)	B. Treatment Method (enter code)	C. Range of Influent Concentration (enter code)	D. Sequential Treatment? (check if applicable)	E. Treatment Efficiency Estimate	F. Based on Operating Data? Yes No
7.1a <input type="checkbox"/>	7.1b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7.1c <input type="checkbox"/>	7.1d []	7.1e %	7.1f [] []
7.2a <input type="checkbox"/>	7.2b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7.2c <input type="checkbox"/>	7.2d []	7.2e %	7.2f [] []
7.3a <input type="checkbox"/>	7.3b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7.3c <input type="checkbox"/>	7.3d []	7.3e %	7.3f [] []
7.4a <input type="checkbox"/>	7.4b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7.4c <input type="checkbox"/>	7.4d []	7.4e %	7.4f [] []
7.5a <input type="checkbox"/>	7.5b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7.5c <input type="checkbox"/>	7.5d []	7.5e %	7.5f [] []
7.6a <input type="checkbox"/>	7.6b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7.6c <input type="checkbox"/>	7.6d []	7.6e %	7.6f [] []
7.7a <input type="checkbox"/>	7.7b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7.7c <input type="checkbox"/>	7.7d []	7.7e %	7.7f [] []
7.8a <input type="checkbox"/>	7.8b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7.8c <input type="checkbox"/>	7.8d []	7.8e %	7.8f [] []
7.9a <input type="checkbox"/>	7.9b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7.9c <input type="checkbox"/>	7.9d []	7.9e %	7.9f [] []
7.10a <input type="checkbox"/>	7.10b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7.10c <input type="checkbox"/>	7.10d []	7.10e %	7.10f [] []

☐ (Check if additional information is provided on Part IV-Supplemental Information.)

8. POLLUTION PREVENTION: OPTIONAL INFORMATION ON WASTE MINIMIZATION

(Indicate actions taken to reduce the amount of the chemical being released from the facility. See the instructions for coded items and an explanation of what information to include.)

A. Type of Modification (enter code)	B. Quantity of the Chemical in Wastes Prior to Treatment or Disposal		C. Index	D. Reason for Action (enter code)
<input type="checkbox"/> M <input type="checkbox"/>	Current reporting year (pounds/year)	Prior year (pounds/year) Or percent change (Check (+) or (-)) <input type="checkbox"/> + <input type="checkbox"/> - %	<input type="checkbox"/> . <input type="checkbox"/>	<input type="checkbox"/> R <input type="checkbox"/>

(Important: Type or print; read instructions before completing form.)



EPA FORM R
PART IV. SUPPLEMENTAL INFORMATION

Use this section if you need additional space for answers to questions in Part III.
Number the lines used sequentially from lines in prior sections (e.g., 5.3.4, 6.1.2, 7.11)

(This space for your optional use.)

NA

ADDITIONAL INFORMATION ON RELEASES OF THE CHEMICAL TO THE ENVIRONMENT ON-SITE
(Part III, Section 5.3)

You may report releases of less than 1,000 pounds by checking ranges under A.1. (Do not use both A.1 and A.2)	A. Total Release (pounds/year)		B. Basis of Estimate (enter code in box provided)	C. % From Stormwater
	A.1 Reporting Ranges 0 1-499 500-999	A.2 Enter Estimate		
5.3 Discharges to receiving streams or water bodies 5.3. <input type="checkbox"/>	5.3. a [] [] []		5.3. b <input type="checkbox"/>	5.3. c %
(Enter letter code for stream from Part I Section 3.10 in the box provided.) 5.3. <input type="checkbox"/>	5.3. a [] [] []		5.3. b <input type="checkbox"/>	5.3. c %
5.3. <input type="checkbox"/>	5.3. a [] [] []		5.3. b <input type="checkbox"/>	5.3. c %

ADDITIONAL INFORMATION ON TRANSFERS OF THE CHEMICAL IN WASTE TO OFF-SITE LOCATIONS
(Part III, Section 6)

You may report transfers of less than 1,000 pounds by checking ranges under A.1. (Do not use both A.1 and A.2)	A. Total Transfers (pounds/year)		B. Basis of Estimate (enter code in box provided)	C. Type of Treatment/Disposal (enter code in box provided)
	A.1 Reporting Ranges 0 1-499 500-999	A.2 Enter Estimate		
6.1. Discharge to POTW (enter location number from Part II, Section 1.) <input type="checkbox"/>	[] [] []		6.1. b <input type="checkbox"/>	
6.2. Other off-site location (enter location number from Part II, Section 2.) <input type="checkbox"/>	[] [] []		6.2. b <input type="checkbox"/>	6.2. c [M] [] []
6.2. Other off-site location (enter location number from Part II, Section 2.) <input type="checkbox"/>	[] [] []		6.2. b <input type="checkbox"/>	6.2. c [M] [] []
6.2. Other off-site location (enter location number from Part II, Section 2.) <input type="checkbox"/>	[] [] []		6.2. b <input type="checkbox"/>	6.2. c [M] [] []

ADDITIONAL INFORMATION ON WASTE TREATMENT METHODS AND EFFICIENCY (Part III, Section 7)

A. General Wastestream (enter code in box provided)	B. Treatment Method (enter code in box provided)	C. Range of Influent Concentration (enter code)	D. Sequential Treatment? (check if applicable)	E. Treatment Efficiency Estimate	F. Based on Operating Data? Yes No
7. a <input type="checkbox"/>	7. b [] [] []	7. c <input type="checkbox"/>	7. d []	7. e %	7. f [] []
7. a <input type="checkbox"/>	7. b [] [] []	7. c <input type="checkbox"/>	7. d []	7. e %	7. f [] []
7. a <input type="checkbox"/>	7. b [] [] []	7. c <input type="checkbox"/>	7. d []	7. e %	7. f [] []
7. a <input type="checkbox"/>	7. b [] [] []	7. c <input type="checkbox"/>	7. d []	7. e %	7. f [] []
7. a <input type="checkbox"/>	7. b [] [] []	7. c <input type="checkbox"/>	7. d []	7. e %	7. f [] []
7. a <input type="checkbox"/>	7. b [] [] []	7. c <input type="checkbox"/>	7. d []	7. e %	7. f [] []
7. a <input type="checkbox"/>	7. b [] [] []	7. c <input type="checkbox"/>	7. d []	7. e %	7. f [] []
7. a <input type="checkbox"/>	7. b [] [] []	7. c <input type="checkbox"/>	7. d []	7. e %	7. f [] []

(Import it: Type or print; read instructions before completing form.)

Page 1 of 5



U.S. Environmental Protection Agency

TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM

Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986, also known as Title III of the Superfund Amendments and Reauthorization Act

EPA FORM
RPART I.
FACILITY
IDENTIFICATION
INFORMATION

(This space for your optional use.)

Antimony Trioxide

Sb₂O₃

Public reporting burden for this collection of information is estimated to vary from 30 to 34 hours per response, with an average of 32 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Chief, Information Policy Branch (PM-223), US EPA, 401 M St., SW, Washington, D.C. 20460 Attn: TRI Burden and to the Office of Information and Regulatory Affairs, Office of Management and Budget Paperwork Reduction Project (2070-0093), Washington, D.C. 20503.

1.	1.1 Are you claiming the chemical identity on page 3 trade secret? [] Yes (Answer question 1.2; Attach substantiation forms.) [X] No (Do not answer 1.2; Go to question 1.3.)	1.2 If "Yes" in 1.1, is this copy: [] Sanitized [] Unsanitized	1.3 Reporting Year 19 <u>89</u>
----	---	---	------------------------------------

2. CERTIFICATION (Read and sign after completing all sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official

James Gilbert Plant Manager

Signature

James Gilbert

Date signed

6-11-90

3. FACILITY IDENTIFICATION

Facility or Establishment Name

SI 52162NRPLXMECOLI
NORPLEX OAK
NE COUNTY RD.
POSTVILLE IA

52162

SI

TRI Facility Identification Number

WHERE TO SEND COMPLETED FORMS:

1. EPCRA REPORTING CENTER
P.O. BOX 23779
WASHINGTON, DC 20026-3779
ATTN: TOXIC CHEMICAL RELEASE INVENTORY
2. APPROPRIATE STATE OFFICE (See instructions in Appendix G)

3.2	This report contains information for (Check only one): a. [X] An entire facility b. [] Part of a facility.					
3.3	Technical Contact Thomas R. Sattler, Jr.				Telephone Number (include area code) (319) 864-7321	
3.4	Public Contact James Gilbert				Telephone Number (include area code) (319) 864-7321	
3.5	SIC Code (4 digit) a. 3079		b.	c.	d.	e.
3.6	Latitude Degrees Minutes Seconds 43 05 02			Longitude Degrees Minutes Seconds 91 33 13		
3.7	Dun & Bradstreet Number(s) a. 07-348-9288				b. 13-063-4082	
3.8	EPA Identification Number(s) (RCRA I.D. No.) a. IAD073489288				b.	
3.9	NPDES Permit Number(s) a. 60375101				b.	
3.10	Receiving Streams or Water Bodies (enter one name per box) a. Dry Run to Roberts Creek				b.	
	c.				d.	
	e.				f.	
3.11	Underground Injection Well Code (UIC) Identification Number(s) a. NA				b.	

4. PARENT COMPANY INFORMATION

4.1	Name of Parent Company Allied Signal	4.2	Parent Company's Dun & Bradstreet Number 13-969-1877
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EPA FORM R
**PART II. OFF-SITE LOCATIONS TO WHICH TOXIC
 CHEMICALS ARE TRANSFERRED IN WASTES**

(This space for your optional use.)

Antimony Trioxide
 Sb_2O_3

1. PUBLICLY OWNED TREATMENT WORKS (POTWs)

1.1 POTW name NA		1.2 POTW name	
Street Address		Street Address	
City	County	City	County
State	Zip	State	Zip

2. OTHER OFF-SITE LOCATIONS (DO NOT REPORT LOCATIONS TO WHICH WASTES ARE SENT ONLY FOR RECYCLING OR REUSE).

2.1 Off-site location name Finlan Landfill Inc.		2.2 Off-site location name Steel Supply Inc.	
EPA Identification Number (RCRA ID. No.) NA		EPA Identification Number (RCRA ID. No.) NA	
Street Address P.O. Box 409		Street Address 104 Causeway Blvd.	
City New Hampton	County Chickasaw	City LaCrosse	County LaCrosse
State Iowa	Zip 50659	State Wisconsin	Zip 54601
Is location under control of reporting facility or parent company? [] Yes [X] No		Is location under control of reporting facility or parent company? [] Yes [X] No	

2.3 Off-site location name		2.4 Off-site location name	
EPA Identification Number (RCRA ID. No.)		EPA Identification Number (RCRA ID. No.)	
Street Address		Street Address	
City	County	City	County
State	Zip	State	Zip
Is location under control of reporting facility or parent company? [] Yes [] No		Is location under control of reporting facility or parent company? [] Yes [] No	
2.5 Off-site location name		2.6 Off-site location name	
EPA Identification Number (RCRA ID. No.)		EPA Identification Number (RCRA ID. No.)	
Street Address		Street Address	
City	County	City	County
State	Zip	State	Zip
Is location under control of reporting facility or parent company? [] Yes [] No		Is location under control of reporting facility or parent company? [] Yes [] No	
[] Check If additional pages of Part II are attached. How many? _____			



EPA FORM R
PART III. CHEMICAL-SPECIFIC INFORMATION

(This space for your optional use.)

Antimony Trioxide

1. CHEMICAL IDENTITY (Do not complete this section if you complete Section 2.)

1.1	[Reserved]
1.2	CAS Number (Enter only one number exactly as it appears on the 313 list. Enter NA if reporting a chemical category.) <div align="center">NA</div>
1.3	Chemical or Chemical Category Name (Enter only one name exactly as it appears on the 313 list.) <div align="center">Antimony Compounds</div>
1.4	Generic Chemical Name (Complete only if Part I, Section 1.1 is checked "Yes." Generic name must be structurally descriptive.)

2. MIXTURE COMPONENT IDENTITY (Do not complete this section if you complete Section 1.)

2.	Generic Chemical Name Provided by Supplier (Limit the name to a maximum of 70 characters (e.g., numbers, letters, spaces, punctuation).)
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3. ACTIVITIES AND USES OF THE CHEMICAL AT THE FACILITY (Check all that apply.)

3.1	Manufacture the chemical:	a. <input type="checkbox"/> Produce	If produce or import:		d. <input type="checkbox"/> For sale/distribution
		b. <input type="checkbox"/> Import	e. <input type="checkbox"/> As a byproduct	f. <input type="checkbox"/> As an impurity	
3.2	Process the chemical:	a. <input type="checkbox"/> As a reactant	b. <input type="checkbox"/> As a formulation component	c. <input checked="" type="checkbox"/> As an article component	
		d. <input type="checkbox"/> Repackaging only			
3.3	Otherwise use the chemical:	a. <input type="checkbox"/> As a chemical processing aid	b. <input type="checkbox"/> As a manufacturing aid	c. <input type="checkbox"/> Ancillary or other use	

4. MAXIMUM AMOUNT OF THE CHEMICAL ON-SITE AT ANY TIME DURING THE CALENDAR YEAR

<div style="border: 1px solid black; padding: 2px;">03</div> (enter code)	
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5. RELEASES OF THE CHEMICAL TO THE ENVIRONMENT ON-SITE

You may report releases of less than 1,000 pounds by checking ranges under A.1. (Do not use both A.1 and A.2.)		A. Total Release (pounds/year)		B. Basis of Estimate (enter code)	C. % From Stormwater
		A.1 Reporting Ranges 0 1-499 500-999	A.2 Enter Estimate		
5.1 Fugitive or non-point air emissions	5.1a	<div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div>	0.96	5.1b <input checked="" type="checkbox"/> M	
5.2 Stack or point air emissions	5.2a	<div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div>	NA	5.2b <input type="checkbox"/>	
5.3 Discharges to receiving streams or water bodies <small>(Enter letter code for stream from Part I Section 3.10 in the box provided.)</small>	5.3.1 <input type="checkbox"/>	5.3.1a <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div>	NA	5.3.1b <input type="checkbox"/>	5.3.1c %
	5.3.2 <input type="checkbox"/>	5.3.2a <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div>	NA	5.3.2b <input type="checkbox"/>	5.3.2c %
	5.3.3 <input type="checkbox"/>	5.3.3a <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div>	NA	5.3.3b <input type="checkbox"/>	5.3.3c %
5.4 Underground Injection on-site	5.4a	<div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div>	NA	5.4b <input type="checkbox"/>	
5.5 Releases to land on-site	5.5.1 Landfill	5.5.1a <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div>	NA	5.5.1b <input type="checkbox"/>	
	5.5.2 Land treatment/application farming	5.5.2a <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div>	NA	5.5.2b <input type="checkbox"/>	
	5.5.3 Surface impoundment	5.5.3a <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div>	NA	5.5.3b <input type="checkbox"/>	
	5.5.4 Other disposal	5.5.4a <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div>	NA	5.5.4b <input type="checkbox"/>	

☐ (Check if additional information is provided on Part IV-Supplemental Information.)



EPA FORM R

PART III. CHEMICAL-SPECIFIC INFORMATION
(continued)

(This space for your optional use.)

Antimony Trioxide
 Sb_2O_3

6. TRANSFERS OF THE CHEMICAL IN WASTE TO OFF-SITE LOCATIONS

You may report transfers of less than 1,000 pounds by checking ranges under A.1. (Do not use both A.1 and A.2)	A. Total Transfers (pounds/year)		B. Basis of Estimate (enter code)	C. Type of Treatment/Disposal (enter code)
	A.1 Reporting Ranges 0 1-499 500-999	A.2 Enter Estimate		
6.1.1 Discharge to POTW (enter location number from Part II, Section 1.) <input type="checkbox"/> 1 <input type="checkbox"/>	[] [] []	NA	6.1.1b <input type="checkbox"/>	
6.2.1 Other off-site location (enter location number from Part II, Section 2.) <input type="checkbox"/> 2 <input type="checkbox"/> 1	[] [] []	658.47	6.2.1b <input type="checkbox"/> C	6.2.1c <input type="checkbox"/> M <input type="checkbox"/> 7 <input type="checkbox"/> 2
6.2.2 Other off-site location (enter location number from Part II, Section 2.) <input type="checkbox"/> 2 <input type="checkbox"/> 2	[] [] []	956.17	6.2.2b <input type="checkbox"/> C	6.2.2c <input type="checkbox"/> M <input type="checkbox"/> 7 <input type="checkbox"/> 2
6.2.3 Other off-site location (enter location number from Part II, Section 2.) <input type="checkbox"/> 2 <input type="checkbox"/>	[] [] []		6.2.3b <input type="checkbox"/>	6.2.3c <input type="checkbox"/> M <input type="checkbox"/> <input type="checkbox"/>

[] (Check if additional information is provided on Part IV-Supplemental Information.)

7. WASTE TREATMENT METHODS AND EFFICIENCY

[x] Not Applicable (NA) - Check if no on-site treatment is applied to any wastestream containing the chemical or chemical category.

A. General Wastestream (enter code)	B. Treatment Method (enter code)	C. Range of Influent Concentration (enter code)	D. Sequential Treatment? (check if applicable)	E. Treatment Efficiency Estimate	F. Based on Operating Data? Yes No
7.1a <input type="checkbox"/>	7.1b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7.1c <input type="checkbox"/>	7.1d []	7.1e %	7.1f [] []
7.2a <input type="checkbox"/>	7.2b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7.2c <input type="checkbox"/>	7.2d []	7.2e %	7.2f [] []
7.3a <input type="checkbox"/>	7.3b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7.3c <input type="checkbox"/>	7.3d []	7.3e %	7.3f [] []
7.4a <input type="checkbox"/>	7.4b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7.4c <input type="checkbox"/>	7.4d []	7.4e %	7.4f [] []
7.5a <input type="checkbox"/>	7.5b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7.5c <input type="checkbox"/>	7.5d []	7.5e %	7.5f [] []
7.6a <input type="checkbox"/>	7.6b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7.6c <input type="checkbox"/>	7.6d []	7.6e %	7.6f [] []
7.7a <input type="checkbox"/>	7.7b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7.7c <input type="checkbox"/>	7.7d []	7.7e %	7.7f [] []
7.8a <input type="checkbox"/>	7.8b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7.8c <input type="checkbox"/>	7.8d []	7.8e %	7.8f [] []
7.9a <input type="checkbox"/>	7.9b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7.9c <input type="checkbox"/>	7.9d []	7.9e %	7.9f [] []
7.10a <input type="checkbox"/>	7.10b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7.10c <input type="checkbox"/>	7.10d []	7.10e %	7.10f [] []

[] (Check if additional information is provided on Part IV-Supplemental Information.)

8. POLLUTION PREVENTION: OPTIONAL INFORMATION ON WASTE MINIMIZATION

(Indicate actions taken to reduce the amount of the chemical being released from the facility. See the instructions for coded items and an explanation of what information to include.)

A. Type of Modification (enter code)	B. Quantity of the Chemical in Wastes Prior to Treatment or Disposal		C. Index	D. Reason for Action (enter code)
<input type="checkbox"/> M <input type="checkbox"/>	Current reporting year (pounds/year)	Prior year (pounds/year) <input type="checkbox"/> + <input type="checkbox"/> - %	<input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/>	<input type="checkbox"/> R <input type="checkbox"/>



EPA FORM R

PART IV. SUPPLEMENTAL INFORMATION

Use this section if you need additional space for answers to questions in Part III.
Number the lines used sequentially from lines in prior sections (e.g., 5.3.4, 6.1.2, 7.11)

(This space for your optional use.)

NA

ADDITIONAL INFORMATION ON RELEASES OF THE CHEMICAL TO THE ENVIRONMENT ON-SITE
(Part III, Section 5.3)

You may report releases of less than 1,000 pounds by checking ranges under A.1. (Do not use both A.1 and A.2)	A. Total Release (pounds/year)		B. Basis of Estimate (enter code in box provided)	C. % From Stormwater
	A.1 Reporting Ranges 0 1-499 500-999	A.2 Enter Estimate		
5.3 Discharges to receiving streams or water bodies 5.3. <input type="checkbox"/>	5.3. a <input type="checkbox"/>	[] [] []	5.3. b <input type="checkbox"/>	5.3. c %
(Enter letter code for stream from Part I Section 3.10 in the box provided.) 5.3. <input type="checkbox"/>	5.3. a <input type="checkbox"/>	[] [] []	5.3. b <input type="checkbox"/>	5.3. c %
5.3. <input type="checkbox"/>	5.3. a <input type="checkbox"/>	[] [] []	5.3. b <input type="checkbox"/>	5.3. c %

ADDITIONAL INFORMATION ON TRANSFERS OF THE CHEMICAL IN WASTE TO OFF-SITE LOCATIONS
(Part III, Section 6)

You may report transfers of less than 1,000 pounds by checking ranges under A.1. (Do not use both A.1 and A.2)	A. Total Transfers (pounds/year)		B. Basis of Estimate (enter code in box provided)	C. Type of Treatment/Disposal (enter code in box provided)
	A.1 Reporting Ranges 0 1-499 500-999	A.2 Enter Estimate		
6.1. Discharge to POTW (enter location number from Part II, Section 1.) <input type="checkbox"/>	[] [] []		6.1. b <input type="checkbox"/>	
6.2. Other off-site location (enter location number from Part II, Section 2.) <input type="checkbox"/>	[] [] []		6.2. b <input type="checkbox"/>	6.2. c M <input type="checkbox"/>
6.2. Other off-site location (enter location number from Part II, Section 2.) <input type="checkbox"/>	[] [] []		6.2. b <input type="checkbox"/>	6.2. c M <input type="checkbox"/>
6.2. Other off-site location (enter location number from Part II, Section 2.) <input type="checkbox"/>	[] [] []		6.2. b <input type="checkbox"/>	6.2. c M <input type="checkbox"/>

ADDITIONAL INFORMATION ON WASTE TREATMENT METHODS AND EFFICIENCY (Part III, Section 7)

A. General Wastestream (enter code in box provided)	B. Treatment Method (enter code in box provided)	C. Range of Influent Concentration (enter code)	D. Sequential Treatment? (check if applicable)	E. Treatment Efficiency Estimate	F. Based on Operating Data? Yes No
7. a <input type="checkbox"/>	7. b <input type="checkbox"/>	7. c <input type="checkbox"/>	7. d []	7. e %	7. f [] []
7. a <input type="checkbox"/>	7. b <input type="checkbox"/>	7. c <input type="checkbox"/>	7. d []	7. e %	7. f [] []
7. a <input type="checkbox"/>	7. b <input type="checkbox"/>	7. c <input type="checkbox"/>	7. d []	7. e %	7. f [] []
7. a <input type="checkbox"/>	7. b <input type="checkbox"/>	7. c <input type="checkbox"/>	7. d []	7. e %	7. f [] []
7. a <input type="checkbox"/>	7. b <input type="checkbox"/>	7. c <input type="checkbox"/>	7. d []	7. e %	7. f [] []
7. a <input type="checkbox"/>	7. b <input type="checkbox"/>	7. c <input type="checkbox"/>	7. d []	7. e %	7. f [] []
7. a <input type="checkbox"/>	7. b <input type="checkbox"/>	7. c <input type="checkbox"/>	7. d []	7. e %	7. f [] []
7. a <input type="checkbox"/>	7. b <input type="checkbox"/>	7. c <input type="checkbox"/>	7. d []	7. e %	7. f [] []
7. a <input type="checkbox"/>	7. b <input type="checkbox"/>	7. c <input type="checkbox"/>	7. d []	7. e %	7. f [] []